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Reader's Digest

MARCH 2011

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 ON THE COVER: ILLUSTRATED BY BRYAN CHRISTIE DESIGN; (PHOTO OF WOMAN) CORBIS



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Allison Winn and her dog, Coco, are helping kids with cancer

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Outsource Outrage

Kudos to Anna Sui for using American suppliers and to John Ratzenberger for speaking out ("Made in the U.S.A."). Our economy will not get better until people start buying American-made products. We need to remember to ask merchants "Where's it from?" not "How much?"

S. D., via Internet

I completely disagree with Richard Laird: I think most people *would* choose to pay the extra \$1.05 for the T-shirt—especially if they realized the extra money helps secure their own employment and our country's financial health. I sure as heck would—and do!

Tony Palmieri, Avon Lake, Ohio

Yes, American-made products cost more, but not *that* much more. Maybe if Americans just bought a little less and realized they don't need all that extra junk!

Gregory T. Sarafin, Center Moriches, New York

Bitter Medicine

I appreciate the courage of those interviewed for your special report on prescription drug abuse ("Little. Legal. Lethal."). I hope the openness



It's truly great to see companies still manufacturing items in the United States. Thanks, *Reader's Digest*, for bringing these companies to my attention. I am switching to Merle Norman makeup.

D. W., via Internet

and honesty of those who are fighting opioid addiction, and that of their parents and siblings, will help prevent others from going down this deadly road. Alexis Jetter's article was well researched and written without judgment; it can help people understand that "good kids" from "good families" can make poor decisions that cost them greatly.

Cynthia Bucher, RN, Boiling Springs, Pennsylvania

As a veteran police officer and deputy coroner, I've witnessed the rising trend of accidental overdoses of pharmaceutical drugs. These

WHAT RESOLUTION DID YOU KEEP IN 2010? ... THE READER'S DIGEST VERSION

With new resolutions in place for 2011, we asked readers to share which resolutions they successfully kept last year.

>> I stayed vertical.

T. G., Lenoir, North Carolina

>> I stopped smoking after 41 years!

J. R., New Bedford, Massachusetts

>> Kept my budget intact.

B. L., Greeley, Colorado

>> To give at least one stranger a smile each day. C. L., Cerritos, California

>> To say, "Good morning, Lord!" instead of "Good Lord, it's morning!"

C. E., Prosser, Washington

>> I got my knees healthy.

C. S., San Antonio, Texas

>> Don't procrastinate. Be positive. Learn to like myself.

M. M., Topinabee, Michigan

>> I learned to be on time.

D. C., Paterson, New Jersey

>> Didn't use charge cards.

J. R., St. Cloud, Florida

>> Lighten up—don't take things too seriously. L. E., Prior Lake, Minnesota

>> Be an aid to my relatives in need.

V. E., Aurora, Illinois

>> Stopped allowing myself to be taken for granted.

T. M., Chandler, Arizona

>> I resolved not to make any New Year's resolutions—one way to keep them. P. H., Snohomish, Washington

drugs don't play fairly, and Dr. Nora Volkow's Russian roulette analogy is on the mark. We encourage people to treat pharmaceutical drugs in their home as they would treat a loaded gun—always locked, never accessible to kids or visitors.

Jay Frederick, Columbus, Indiana

Who (Re)moved My ... ?!

Laugh!, Quotes, and Outrageous! were missing from my issue. Please tell me you are not removing three of the best columns.

Lisa Hauser, Stow, Ohio

Why is Outrageous! missing from the issue? Michael Crowley can be a little off-the-wall with some of his judgments, but one can't deny that the situations he spotlights need public exposure and some form of correction. Outrageous! is the heart of *Reader's Digest* for me.

F. G. Woldka, El Cajon, California

Editor's note: From time to time, we hold regular departments for space or because they are similar to another story in the issue. Laugh! and Quotes were only temporarily "missing." Although Michael Crowley, who served the magazine nobly for several years, will no longer be writing his Outrageous! column (he is now a senior correspondent at Time magazine), be assured that the magazine will continue to expose the appalling, the corrupt, and the inept (see "The 2010 Blame & Shame Awards" in our February issue).

Not My Granny's Pad

The idea of a "granny pod" to store your elderly parents is ludicrous (Home Digest). It's like putting a shed in the backyard for storage because you don't want to have too much junk lying around in your garage.

Kevang Desai, Missouri City, Texas

Fredrick Kunkle's "Backyard Granny Pods" made me smile. Thirteen years ago, my husband and I had to decide how to best care for my ailing mom. She was still fairly independent and not ready for a nursing home, but we couldn't afford to build an addition. The solution? We bought a 26-foot trailer, hooked it up to our house utilities, and placed it by our back deck. The queen-size bed, full kitchen and bath, and small living room accommodated all her needs while giving her a sense of independence.

MaryAnne Gareau, Center Moriches, New York

Be Grateful and Thrive

I had just endured a year from hell: the loss of my mother and my wife two months apart, business failure,

home foreclosure, relocation for a new career that did not last 90 days, new friendship with a woman who ultimately could not deal with my depression. I had to ask myself, Was the pain of living worth it? Then your December/January issue arrived, with John Kralik's excerpt, "Two Simple Words." I found the answer: yes. His message was the same one I learned in Sunday school years ago: "Give and it shall be given unto you." Thank you for the timeliness of the excerpt and for the impact of the writing. I believe it has extended my survival.

Anonymous

What It Costs

Reading "Markup Mania" (Money Digest), I was reminded of how customers come into my store to purchase a watch battery and complain about the \$4.95 price. One day a lady said, "One dollar for the battery and \$3.95 for you." I replied kindly, "One dollar for the battery and \$3.95 toward my \$1,850 rent. Thanks." When you calculate markup, include the cost of operating that business.

Tania Cole, Camarillo, California

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■ React, Reader's Digest, PO Box 6100, Harlan, Iowa 51593-1600.
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The Digest

Simply put



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They're adorable! They're delicious! No matter what you think of pigs, it comes as no surprise that they're smarter and more personable than the cast of *Jersey Shore*. In *Extraordinary Pigs* (Abrams, \$24.95), author and photographer Stephen Green-Armytage features 38 of the pettable little porkers.

13 Things Your Cell Phone Sales Rep Won't Tell You

BY MICHELLE CROUCH

- 1) Resist the temptation to get a new phone the moment your contract expires. Wait a few weeks and we'll start dangling all sorts of discounts and incentives in front of you.
- 2) Always come in at the end of the month when we're scrambling to make our quotas.
- 3) Don't let us gouge you with our ridiculously high 411 fees. Use a free service like 800-FREE411 or 800-CALL411.
- 4) That phone advertised for \$29? You'll have to pay \$129 for it, then fill out a bunch of paperwork to get a \$100 rebate mailed to you. We make money because many of you won't go through the hassle.
- 5) Leaving your phone in the bathroom while you take a steamy shower is almost as bad as dropping it in the bathtub.
- 6) Are you way over on minutes or text messages? If the billing cycle hasn't closed yet, call us and upgrade to the next plan. It can mean the difference between paying a whopping 35 to 45 cents for each extra minute or \$5 to \$10 for the higher plan.
- 7) We've got all sorts of discounts—some as big as 28 percent off your monthly bills—that we can offer to employees of large companies and government agencies, credit union members, and more.
- 8) Trust me: You do want all the accessories



ILLUSTRATED BY EDDIE GUY

and the unlimited-texts package. I make a lot of money off those, so I'll be much more likely to give you a discount on your phone or service plan if you get them. Then, if you don't want them, bring back the accessories the next day and call to cancel the text package.

9) Want out of your contract? Tell us you're moving somewhere we don't have service. Most of us don't require proof.

10) Another way out: Watch your bill. If

we raise your nonregulatory taxes and fees without notifying you, we have to let you out. Maybe we sent you a notification by mail, but you didn't open it, or there was a text message you didn't read. Raise enough stink, and we'll let you go.

11) Thanks for buying our fancy rhinestone case for \$25. You can get the same one at a flea market for \$5.

12) When you see those commercials on TV urging you to "text now!" to get a free ring

tone or your daily horoscope, don't do it. You're almost always subscribing to a service with monthly fees ranging from \$2.99 to \$29.99. And we can't get you out of it.

13) If your phone gets static-y and seems about to drop the call, don't hang up! We track dropped calls to identify and fix dead spots. If you hang up, we won't know there was a problem.

Sources: Cell phone salespeople in North Carolina, Mississippi, and Michigan, and Jeff Brown, a "digital lifestyle coach" in Nashville

LIFE LESSON

More Math Skills, More Money

FROM Rand Corporation

Couples in the United States who can answer three simple questions tend to be wealthier than those who can't, according to research done by the Rand Corporation, a Washington, D.C.-based think tank. When both spouses answered the questions right, family wealth averaged \$1.7 million. When neither spouse got a correct answer, that number was \$200,000. Another finding: The better the couple's math skills, the higher the percentage of stocks in their portfolios.

The Quiz

1) If the chance of getting a disease is 10 percent, how many people out of 1,000 would be expected to get the disease?

2) If five people all have the winning numbers in the lottery, and the prize is \$2 million,

how much will each of them get?

3) Let's say you have \$200 in a savings account. The account earns 10 percent interest per year. How much would you have in the account at the end of two years?

Answers: (1) 100. (2) \$400,000. (3) \$242.



RECAP

A Bigger, Faster Tax Refund Could Be Yours! Five Last-Minute Tax Tips

BY DARRELL DELAMAIDE

They're the four words every American loves: *Pay less, get more*. Congress has helped out by extending tax cuts for the next two years, automatically adding a little more to your severely depleted pockets. And the IRS is pitching in, too, extending the traditional April 15 filing deadline to April 18 and throwing in some temporary incentives (for everything from college educations to energy-saving equipment). Many of these are limited-time offers, with further restrictions depending on your income level. Most of them are obscure, and unless you use a tax preparer (40 percent of Americans don't), you run the risk of missing out on a bigger refund.

Know the difference between a tax deduction and a tax credit (and which saves you more).

Fess up. You've been meaning to look it up ... for the past 20 years. Tax credits directly reduce the tax you owe and are much more valuable than tax deductions, which normally reduce the



amount of income on which you ultimately pay taxes. Melissa Labant of the American Institute of Certified Public Accountants admits that some of her own relatives missed out on tax savings because they didn't know the difference. "There are so many different incentives for going to college, and they're confusing," she acknowledges.

The American Opportunity Tax Credit

provides up to \$2,500 in tax credits for higher education—money that you can subtract dollar for dollar from the tax you owe. And since 2009, money spent on textbooks qualifies for the credit, along with tuition.

The tax credit covers 100 percent of the first \$2,000 in qualified expenses, and 25 percent of the next \$2,000, which means you need to spend at least \$4,000 to get the full credit. (Labant's relatives, mistakenly, took the

GO FIGURE

3 DAYS

The "mandatory holding pattern" that certified financial planner Carl Richards imposes every time he puts something in an online shopping cart: "It's amazing how something you absolutely had to have holds almost no interest to you after three days."

Source: New York Times Bucks blog

ILLUSTRATED BY HARRY CAMPBELL

\$4,000 in college expenses as an above-the-line deduction from their income because it seemed like a larger amount (you can't take both tax breaks).

The alternative-energy credit can apply to new homes too.

Tax advisers May & Barnhard call attention to another little-known opportunity. Many homeowners know that they can get a tax credit for up to 30 percent of the cost for installing alternative energy devices like solar water heaters and geothermal heat pumps in existing homes. But people who built a new home in 2010 can also allocate part of the purchase price for the tax credit if one of these devices came with the home; you merely need to get a cost breakdown from the builder.

Don't forget to deduct taxes when you do your taxes.

Another chance for savings that people often overlook, says Labant, is the option of deducting state and local sales taxes rather than income tax. This can be advantageous, she says, if you have a big purchase, such as a car or boat, that you paid sales tax on. In addition to the tax on that purchase, you can take another deduction for your other purchases during the year, based on which state you live in.

NOTABLE QUOTE

RACHEL: Do you ever feel your soul being sucked away as you try to explain injustices like this to unhappy customers like me?

TIME WARNER: Yes, lot of times."

Exchange between cable customer who questioned rate increases and company representative Source: consumerist.com

The Roth IRA: "a thing of beauty."

For Jeffrey May at May & Barnhard, the biggest tax tip this year (and any year, under current tax law) is the Roth IRA. "The Roth IRA is a thing of beauty," May says. "There are many, many, many advantages to doing a Roth conversion."

The traditional IRA—which allows you to deduct your contribution from your current income but requires you to pay tax when you withdraw funds—has numerous restrictions, including an income cap, an annual contribution cap, a penalty for early withdrawal, and a required distribution once you turn 70½.

The Roth IRA has you pay tax on your current contributions, but then you're home free—all dividends, interest payments, capital gains, and distributions are tax free. You can, in certain cases, use the savings in the Roth IRA for purposes other than retirement without paying a penalty. What's more, there is no required distribution at any age. Many people don't want to take a distribution at age 70, May says, because they are still working or have other income.

Starting last year, Congress allows anyone, regardless of income level to convert a traditional IRA to a Roth IRA. A special rule exists for 2010 conversions that allows the taxpayer to report the >>

income in two equal portions in 2011 and 2012 or elect to report the full amount on their current year's return. Taxpayers who made a conversion have until they file their income tax return to decide which option to take, and now that the Bush tax cuts

E-filing is faster and more reliable and significantly reduces errors on returns.

have been extended, many will take the option of spreading it out over two years.

While conversions for the 2010 tax year had to be made by December 31, you can still convert traditional IRAs to Roth IRAs in 2011 (and afterward, for that matter), though you will not receive the special two-year deferral of the income. You

can also open a new Roth IRA (or a traditional IRA) or make contributions for 2010 anytime before April 15.

Get your refund in eight days.

Take advantage of e-filing and direct-deposit refunds. E-filing is faster and more reliable and significantly reduces the number of errors on returns, IRS spokesman Dean Patterson says. The free software for e-filing (available at irs.gov) catches errors, especially the mistakes common on paper returns: illegible handwriting and transposed numbers. More than two thirds of tax returns for 2009 were made electronically, IRS data show. "E-filing," Patterson says, "is the way to go."

HOW TO

Haggle Better

You, too, can get lower prices while holding your head high. Just remember what Herb Cohen, onetime arms-control and hostage negotiator, told *Kiplinger's Personal Finance*: "Always start cooperatively and amicably with a low-key pose of calculated incompetence."



- Try asking, "Do you have a coupon for this?" It usually works.
- When you pay with a credit card, it costs the merchant as much as 3.5 percent of the price. Ask for a similar discount and pay cash.
- Ask for the Internet price at the brick-and-mortar store.
- Get a salesperson from one car dealership on your cell phone while you're standing next to the car you want (and a salesperson) at another dealership. See who goes lower.

- If you ever decide to buy a nice watch, try these questions, tested by "mystery shopper" Jane Boon in 26 transactions: "Is there something more you can do for me?" "Is there any further consideration you can offer?" "Would your boss consider \$X?" The average discount Boon cadged? Eighteen percent.

Sources: Robert Frick in *Kiplinger's Personal Finance*; Jane Boon in *Bloomberg Businessweek*

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Pretty Enough to Eat

When ham and cheese on Wonder bread is more than you can bear, fantasize about lunch—and get your own ideas for sandwich upgrades—at scanwiches.com. New York City graphic designer Jon Chonko turns off the lights, scans sandwiches from around town, and then eats them. There are more than 200 on his blog.

Source: *New York Times*



Clockwise, from top left: Pastrami and provolone with hot peppers; turkey with Swiss, purple onion, and sprouts; and bacon, lettuce, and mayonnaise.

COURTESY JON CHONKO

SHORTCUTS

The Rise of Super Mayos and Mustards

BY DAVID SAX • FROM *Bloomberg Businessweek*

We are now living in the golden age of condiments. The confluence of the recession and our ubiquitous food snobbery has touched off an arms race on shelves from Whole Foods to Walmart. Where there was once merely Gulden's and Heinz, there is now Robert Rothschild Farm's Lemon Wasabi Sauce and Melinda's Banana Ketchup. With budget-conscious consumers more likely to eat at home, a decade of exposure to fine dining and ethnic

flavors—and *Iron Chef* reruns—has created a need for spreadable flavors at affordable prices.

Condiment sales grew 9.4 percent between 2007 and 2009, making the category the second largest in the specialty foods market, behind cheese. "Condiments are probably the biggest rotation of new products we have," says Mike McMahon, food buyer for Bristol Farms, a chain of 14 gourmet grocery stores in California. "There are always new flavor

profiles, new diets, international influences, and ideas. The sky's the limit!" Market research firm Mintel International Group notes that 36 mayonaises had already entered the market by October 2010—nearly three times as many as in all of 2009. Mintel values the U.S. market at \$5.6 billion and predicts it will swell to \$7 billion by 2015.

Like Reaganomics, high-end condiments trickle down—from glass bottles in specialty shops to squeeze bottles in supermar- >>

A Fistful of Oomph for a Few Pennies More



Horseradish Chayonnaisse



Kickin' Buffalo Mayonnaise



Jalapeño Mustard



Tarragon Dijon Mustard



Raspberry Salsa



Grilled-pineapple lime salsa

PHOTOGRAPHED BY FRANCESCO TONELLI

kets. Most make their entrance at the biannual Fancy Food Show, which bestows the equivalent of an Oscar on the best spreadable sandwich toppings. Last July, Dulcet Cuisine's

man for the National Association for the Specialty Food Trade. Larger companies such as Kraft will then notice it and keep an eye on sales.

"The extra cost is not very much. It's not like you're buying smoked salmon or caviar."

Mild Indian Curry Ketchup took home the condiment gold medal; the Oregon company's Moroccan Mustard nabbed a silver.

A flavor will become popular, and other companies will make that same flavor for their own products, explains Ron Tanner, spokes-

Once big companies see 10 to 20 small producers doing this, they'll pick it up." On average, Tanner says, it takes three to five years for a condiment to go from niche product to mass market. "When you look at

the extra cost per serving," says Tanner, "it's not very much at all. It's not like you're buying smoked salmon or caviar."

But the current craze doesn't sit well with some condiment purists. Barry Levenson, curator of the National Mustard Museum in Middleton, Wisconsin, sees promise in newly released blue cheese and raspberry mustards. However, he draws the line at chocolate mustard. "I can't see that going into grocery stores," he says.

"It's just not going to happen." Let's give it three to five years. ■

THE LIST

Stop It—Now!

FROM *Esquire*

From the magazine's list "Trends We'd Like to Call a Thousand-Year Ban On":

- ▶ Showing off today's bounty of local vegetables as if it's dessert on a dessert cart
- ▶ Incredibly long readings of specials
- ▶ More than two people at the hostess station
- ▶ The molten cake
- ▶ iPad wine lists
- ▶ "This morning's egg"
- ▶ Waiters named Josh
- ▶ Waitresses named Bryn
- ▶ The term *market* on the menu
- ▶ "Are you still enjoying this?"

PHOTOGRAPHED BY FRANCESCO TONELLI

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The Kids Aren't All Right

As parents stress about work and family, their children struggle too. Some strategies for all of you.

You've got a deadline and another working Saturday at home. Your daughter wants to spend the afternoon with you, and for the third time this month, you put her off. Your husband's mad, you're overwhelmed—and, in the end, your child pays the most, not only because she doesn't get you but also because, face it, your work stress now trickles down to her. According to Sue Shellenbarger, the *Wall Street Journal's* Work and Family columnist, "A new generation gap is emerging between



American parents and their kids." This time the clash isn't about curfews or chores—it's about stress. According to a new American Psychological Association study of more than 2,000 children and adults, 91 percent of kids say they know

when parents are stressed because they see them arguing and complaining, or because their parents won't spend time with them.

As a result, many of the kids said they felt sad, worried, and frustrated. In fact, nearly a third of them said they had stress-related headaches or stomachaches. "Children absolutely sense parents' stress," said pediatrician Kenneth Ginsburg, of the Children's Hospital of Philadelphia and an associate professor at the University of Pennsylvania School of

Medicine, in *USA Today*.

Yet the survey reports that nearly 70 percent of parents say their own anxiety barely affects their children. "Adults sharply underestimate how much their stress affects kids," says Shellenbarger. Just as kids typically want to believe that everything is fine with their parents, "parents want to perceive things as being okay with kids," said Alan Hilfer, a director of psychology at New York's Maimonides Medical Center, in *USA Today*. "But kids are struggling more than parents are willing to acknowledge."

Given today's economic instability along with other stressors,

how can parents address the effects of their stress on their children?

1. **Acknowledge it.**

Don't underestimate how tension influences kids. Shellenbarger says she was "surprised to learn that my children knew I was stressed-out, even during times I thought I was doing a good job of protecting them from it."

2. **Watch yourself.**

Simon Crabb, a dad who blogs about kids and stress, says, "You have to check how you react when you feel anxious. Your kids get these negative vibes from you, and it puts pressure on them. Anxiety is contagious."

You might be setting long-term behavioral patterns in motion that could harm their health, even putting them at higher risk of heart disease, diabetes, and depression, says the American Psychological Association.

3. **Teach your kids.**

They'll model what you do, so manage your stress by using healthy activities, such as listening to music or exercising, to calm your nerves. Even something as mild as blowing bubbles can teach little kids how to take long, deep breaths, a technique that will likely come in handy later. (All of this, of course, is predicated on the >>

GO FIGURE

3,000

Number of additional hours of quality time with parents that oldest kids get compared with their younger siblings.



Attention deficit disorder: The older one gets the lion's share.

1/3

Amount of a child's free time that is spent with his or her sibling(s).

20

Percent that a firstborn child is more likely to become a CEO than the last-born child.

AWKWARD FAMILY PHOTOS

CORBIS

idea that you are making an effort to deal creatively with your own nervous tension.)

for Play in Carmel Valley, California, said in *USA Today* that "play is particularly important" for stressed-

should find a way to play whenever they have a chance. Explore an activity that you and your kids both really love—other than a sedentary one, that is (TV and the Internet don't count!)—and make a point to work it into your schedule.

Your nervous system will thank you

Sources: wsj.com and USA Today

In times of economic uncertainty, it's important to play. Explore an activity you all really love.

• And play!

Psychiatrist Stuart Brown, founder of the National Institute

out parents today. In a time of great economic uncertainty, he suggested, parents

WHAT I'VE LEARNED

Parenting Without Your Parents



Allison Gilbert lost her mother before she was married; her father died when her first child was a toddler. "That has been a very big parenting challenge

for me," she says. Simple questions like "When did I learn to talk?" went unanswered, says Gilbert. With women having children later, Gilbert's situation is increasingly common. For her new book, *Parentless Parents*, she interviewed family and mental health experts, as well as more than 1,300 "adult orphans." Here's what she learned:

• **Keep your parents' legacies alive**—even if Mom and Dad are long gone. Old scrapbooks and photo albums are treasure troves, but that's just a be-

ginning. "I've taken my kids, now ten and eight, to the neighborhoods where my parents grew up and introduced them to my parents' friends and colleagues," Gilbert says. "I believe they know their grandparents, even though they're not here."

• The teen years can be tough.

You'll miss the "safe haven" that grandparents can provide in times of conflict, Gilbert says. At the same time, you might be comforted to see some of your parents' traits emerge in your kids. "You get the feeling that your parents aren't gone."

• Make time with grandparents—you'll never regret it. "Carpe diem!"

Gilbert says. "When my in-laws take my children someplace, I know my kids are going to remember that more than any trinket they could buy." Dawn Raffel

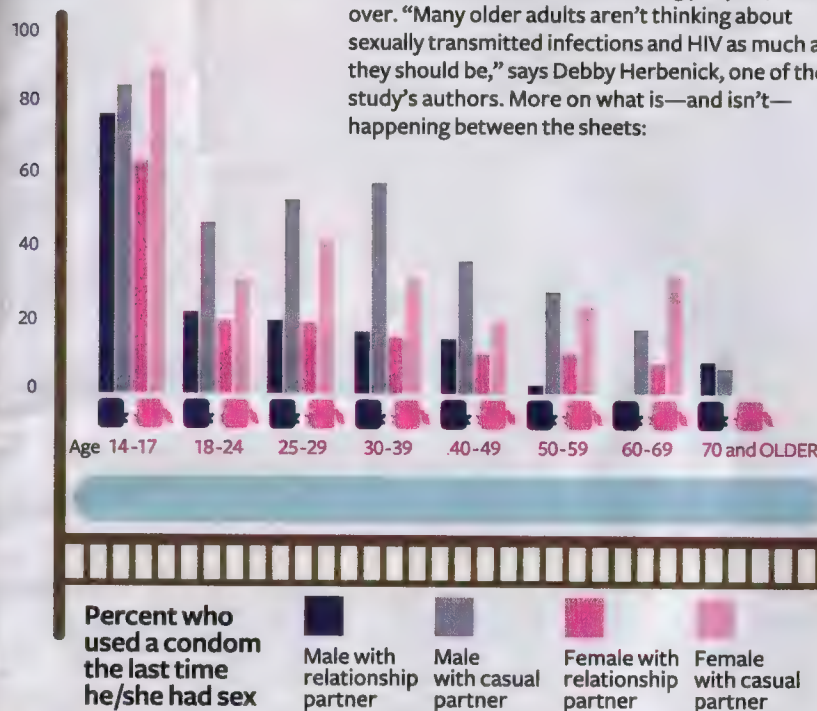
COURTESY ROBERT TARDIO

TREND

Boomers' Bed Habits

• FROM good.is

Baby boomers could use a sex-ed refresher course. A new report from Indiana University shows that condom use decreases with age—a troubling trend given the divorce rate among people 40 and over. "Many older adults aren't thinking about sexually transmitted infections and HIV as much as they should be," says Debby Herbenick, one of the study's authors. More on what is—and isn't—happening between the sheets:



MONEY

Young, Broke, and Moving Back In

• FROM *The Atlantic*

In "What's Really the Matter with 20-Somethings," writer Derek Thompson looks at a recent trend and scolds its critics: "Student debt recently eclipsed total credit card debt in this country. In 2006, the average public college student owed \$17,250 from loans ... That number dou-

bled from \$8,000 in 1996. So put yourself in the shoes of a 22-year-old from a relatively affluent family. You've graduated with \$15,000 in debt, you can't find a job that pays more than \$23,000 without benefits, and you don't hate your parents. Why wouldn't you live at home for a year?"

Could you do this with your vial and syringe?

Mealtime insulin doesn't have to stop you from living your life. No more drawing up to measure the correct insulin dose. No need for refrigeration once it's been used. Humalog KwikPen is truly portable, so you can take it just about anywhere. And it comes prefilled with Humalog mealtime insulin. Ask your healthcare provider if Humalog KwikPen is right for you.

Take the attached card to your healthcare provider to ask for a prescription for 5 FREE pens. Go to KwikPen.com for more information.

Who should use Humalog?

Humalog (insulin lispro injection [rDNA origin]) is for people with diabetes to control high blood sugar and should be used with a longer-acting insulin, except when used with sulfonylureas in people with type 2 diabetes.

Important safety information

Who should not take Humalog?

Humalog should not be used during episodes of low blood sugar (hypoglycemia) or if you are allergic to anything in Humalog.

What is Humalog?

Humalog is an injectable, fast-acting insulin. Humalog starts working faster than other insulins that contain regular human insulin. Take Humalog within 15 minutes before eating or right after eating a meal. Check your blood sugar levels as told by your healthcare professional.

How should I use Humalog?

If you have type 1 diabetes, you need to take a longer-acting insulin in addition to Humalog (except when using an external insulin pump). If you have type 2 diabetes, you may be taking diabetes pills and/or a longer-acting insulin in addition to Humalog.

Precautions

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Low blood sugar

Low blood sugar is the most common adverse effect associated with insulins, including Humalog. Low blood sugar can happen suddenly, and symptoms may be different for each person and may change from time to time. Know your symptoms of low blood sugar. Severe low blood sugar can cause seizures and be life threatening. Follow your healthcare professional's instructions for treating low blood sugar. Talk to your healthcare professional if low blood sugar is a problem for you.

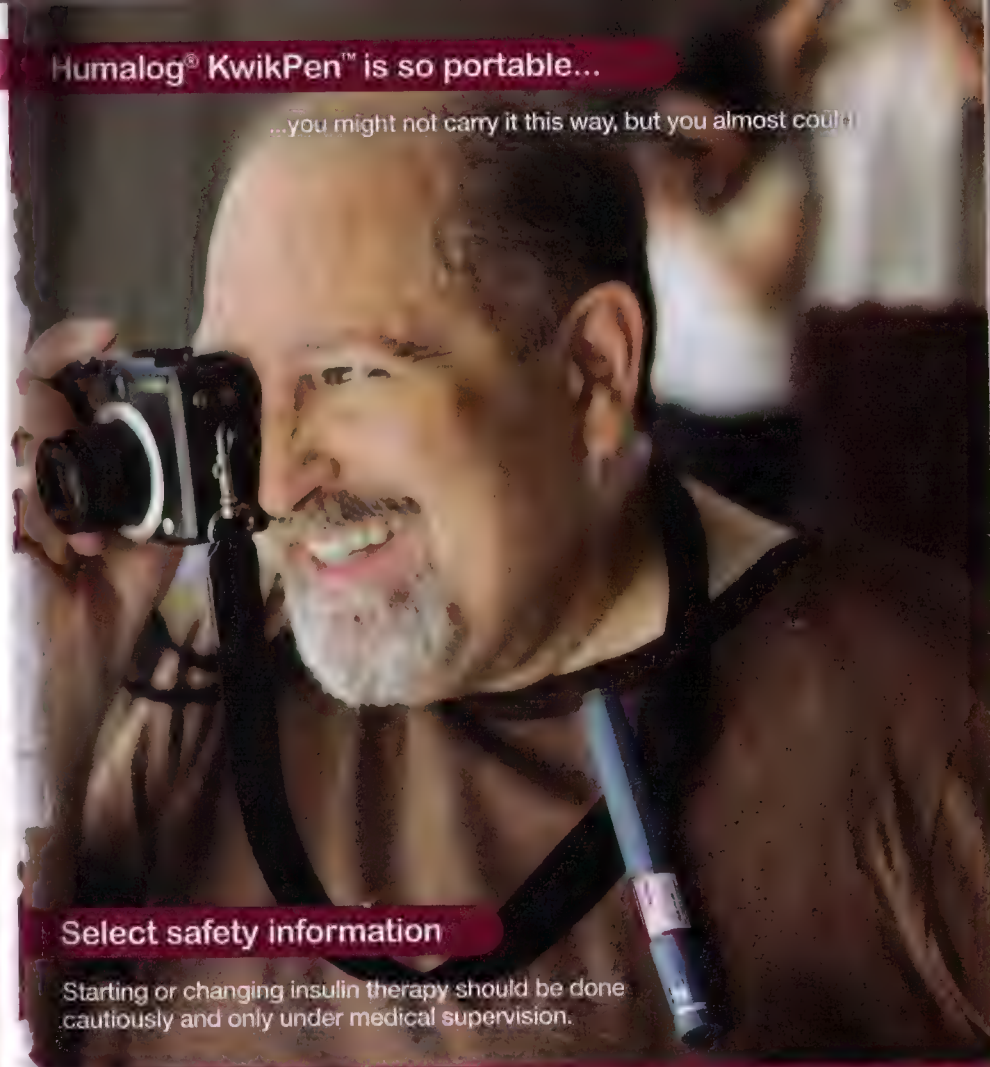
Other side effects

Other potential side effects associated with the use of insulins include: low blood potassium, weight gain, changes in fat tissue at the injection site, and allergic reactions. Allergic reactions can happen at the site of injection and over the whole body. Whole-body allergic reactions are less common, but may be life threatening.

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Select safety information

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Humalog® KwikPen™
insulin lispro injection (rDNA origin)

See Patient Information, including storage information, on following page. For complete instructions, see full user manual that comes with your pen.



If you need assistance with prescription costs, help may be available. Visit www.pparx.org or call 1-888-4PPA-NOW.

Lilly

Patient Information

Humalog® (HU-ma-log)

insulin lispro injection, USP (rDNA origin)

Important

Know your insulin. Do not change the type of insulin you use unless told to do so by your healthcare provider. Your insulin dose and the time you take your dose can change with different types of insulin.

Make sure you have the right type and strength of insulin prescribed for you.

Read the Patient Information that comes with Humalog before you start using it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your healthcare provider about your diabetes or treatment. Make sure that you know how to manage your diabetes. Ask your healthcare provider if you have questions about managing your diabetes.

What is Humalog?

Humalog is an injectable fast-acting man-made insulin. Humalog is used to control high blood sugar (glucose) in people with diabetes.

Humalog comes in:

- 10 mL vials (bottles) for use with a syringe or external insulin pump
- 3 mL vials (bottles) for use with a syringe or external insulin pump
- 3 mL prefilled pens
- 3 mL cartridges for use with a reusable pen or external insulin pump

Who should not take Humalog?

Do not take Humalog if:

- your blood sugar is too low (hypoglycemia). After treating your low blood sugar, follow your healthcare provider's instructions on the use of Humalog.
- you are allergic to anything in Humalog. See the end of this leaflet for a complete list of ingredients in Humalog.

Tell your healthcare provider:

- **about all your medical conditions.** Medical conditions can affect your insulin needs and your dose of Humalog.
- **if you are pregnant or breastfeeding.** You and your healthcare provider should talk about the best way to manage your diabetes while you are pregnant or breastfeeding. Humalog has not been studied in pregnant or nursing women.
- **about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements.** Many medicines can affect your blood sugar levels and insulin needs. Your Humalog dose may need to change if you take other medicines.

Know the medicines you take. Keep a list of your medicines with you to show to all of your healthcare providers.

Humalog® (HU-ma-log) insulin lispro injection,
USP (rDNA origin) PV 5561 AMP

How should I use Humalog?

Humalog can be used with a syringe, prefilled pen, reusable pen or external insulin pump. Talk to your healthcare provider if you have any questions. Your healthcare provider will tell you the right syringes to use with Humalog vials. Your healthcare provider should show you how to inject Humalog before you start using it.

- **Read the User Manual that comes with your Humalog prefilled pen and the manufacturer's instructions that comes with your external insulin pump. Use Humalog exactly as prescribed by your healthcare provider.**
- **If you have type 1 diabetes, you need to take a longer-acting insulin in addition to Humalog (except when using an external insulin pump).**
- **If you have type 2 diabetes, you may be taking diabetes pills and/or a longer-acting insulin in addition to Humalog.**
- **Humalog starts working faster than other insulins that contain regular human insulin.** Inject Humalog within fifteen minutes before eating or right after eating a meal.
- **Check your blood sugar levels as told by your healthcare provider.**
- **Look at your Humalog before using.** Humalog should be clear, have no color and look like water. If your Humalog is cloudy, thickened, even slightly colored, or has solid particles or clumps in it, do not use. Return it to your pharmacy for new Humalog.
- **Humalog can be mixed with a longer-acting human insulin, but only if you are told to do so by your healthcare provider.** If you are mixing two types of insulin, always draw Humalog into the syringe first. Talk with your healthcare provider about how to properly mix Humalog with a different insulin.
- **Humalog can be used in an external insulin pump either by withdrawing Humalog from a vial or using a 3 mL Humalog cartridge that is inserted into the pump.**
- **Humalog was tested with MiniMed® Models 506, 507, and 508 insulin pumps using MiniMed Polyfin®¹ infusion sets. Humalog was also tested with the Disetronic®² H-TRONplus®² V100 insulin pump (with plastic 3.15 mL insulin reservoir), using the Disetronic Rapid®² infusion set.**
- **A Humalog cartridge used in the D-TRON² or D-TRONplus² pump, may be used for up to 7 days.** Humalog in the external insulin pump reservoir and the complete infusion set should be replaced and a new infusion site selected every 48 hours or less.
- **Humalog in an external insulin pump should not be exposed to temperature above 98.6°F (37°C), such as in a sauna or hot tub, hot showers, direct sunlight, or radiant heaters.**
- **Inject your dose of Humalog under the skin of your stomach area, upper arm, upper leg, or buttocks. Never inject Humalog into a muscle or vein.**
- **Change (rotate) your injection site with each dose.**
- **Your insulin needs may change because of:**
 - illness
 - stress
 - other medicines you take

Humalog® (HU-ma-log) insulin lispro injection,
USP (rDNA origin) PV 5561 AMP

- changes in eating
- physical activity changes

Follow your healthcare provider's instructions to make changes in your insulin dose.

- **Never dilute or mix Humalog with another insulin in the same prefilled pen, cartridge or external insulin pump.**
- **Always carry a quick source of sugar to treat low blood sugar, such as glucose tablets, hard candy, or juice.**

What are the possible side effects of Humalog?

Low Blood Sugar (Hypoglycemia). Symptoms of low blood sugar include:

- hunger
- dizziness
- feeling shaky or shakiness
- lightheadedness
- sweating
- irritability
- headache
- fast heartbeat
- confusion

Low blood sugar symptoms can happen suddenly. Symptoms of low blood sugar may be different for each person and may change from time to time. Severe low blood sugar can cause seizures and death. Low blood sugar may affect your ability to drive a car or use mechanical equipment, risking injury to yourself or others. Know your symptoms of low blood sugar. Low blood sugar can be treated by drinking juice or regular soda or eating glucose tablets, sugar, or hard candy. Follow your healthcare provider's instructions for treating low blood sugar. Talk to your healthcare provider if low blood sugar is a problem for you.

- **Serious allergic reactions** (whole body allergic reaction). Severe, life-threatening allergic reactions can happen with insulin. Get medical help right away if you develop a rash over your whole body, have trouble breathing, wheezing, a fast heartbeat, or sweating.
- **Reactions at the injection site** (local allergic reaction). You may get redness, swelling, and itching at the injection site. If you keep having injection site reactions or they are serious, you need to call your healthcare provider. Do not inject insulin into a skin area that is red, swollen, or itchy.
- **Skin thickens or pits at the injection site (lipodystrophy).** This can happen if you don't change (rotate) your injection sites enough.

These are not all the side effects from Humalog. Ask your healthcare provider or pharmacist for more information.

- **You are encouraged to report negative side effects of prescription drugs to the FDA.** Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

How should I store Humalog?

- **Store all unopened (unused) Humalog in the original carton in a refrigerator at 36°F to 46°F (2°C to 8°C).** Do not freeze.
- **Do not use Humalog that has been frozen.**
- **Do not use after the expiration date printed on the carton and label.**

Humalog® (HU-ma-log) insulin lispro injection,
USP (rDNA origin) PV 5561 AMP

- **Protect Humalog from extreme heat, cold or light.**

After starting use (open):

- **Vials:** Keep in the refrigerator or at room temperature below 86°F (30°C) for up to 28 days. Keep open vials away from direct heat or light. Throw away an opened vial 28 days after first use, even if there is insulin left in the vial.
- **Cartridge and Prefilled Pens:** Do not store a cartridge or prefilled pen that you are using in the refrigerator. Keep at room temperature below 86°F (30°C) for up to 28 days. Throw away a cartridge or prefilled pen 28 days after first use, even if there is insulin left in the cartridge or the pen.

General information about Humalog

Use Humalog only to treat your diabetes. Do not share it with anyone else, even if they also have diabetes. It may harm them.

This leaflet summarized the most important information about Humalog. If you would like more information about Humalog or diabetes, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about Humalog that is written for health professionals.

For questions you may call 1-800-LillyRx (1-800-545-5979) or visit www.humalog.com.

What are the ingredients in Humalog?

Active ingredient: insulin lispro.

Inactive ingredients: glycerin, dibasic sodium phosphate, metacresol, zinc oxide (zinc ion), trace amounts of phenol and water for injection.

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Patient Information revised September 2, 2009

PV 5561 AMP

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Humalog® (HU-ma-log) insulin lispro injection,
USP (rDNA origin) PV 5561 AMP

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For a Long Life, Watch Your Attitude

An 80-year study reveals some surprising secrets to longevity **BY BETH DREHER**

It's almost impossible to pull off a study like this: follow people from childhood to old age, tracking their habits and personalities to see which are best for health over the long haul. Almost impossible, but not quite.

The Longevity Project (\$25.95, Hudson Street Press), by psychologists Howard S. Friedman, PhD, and Leslie R.

Martin, PhD, distills life-extending advice from a study that began in 1921 and followed 1,500 boys and girls for as long as eight decades.

"The best way to see why some people thrive in old age while others die early is to follow individuals for their whole lives," Friedman says. The



results poked holes in many long-held beliefs. Here, Friedman shares the study's biggest surprises—and most useful advice:

● Flash doesn't last.

"The key personality predictor of a long life was one that we never expected: conscientiousness. It wasn't always the cheerful kids

who went on to have the longest lives—it was the ones who did their homework, whose parents would say, 'She has a good head on her shoulders.' They developed healthy patterns and then maintained them. People who weren't dependable as kids but became more responsible

DARIUS RAMAZANI/CORBIS

as adults did well too.”
● Happiness is a result, not a cause. “It’s well established that happy

ship; being involved with other people—those things cause health and happiness.”

The old advice—cheer yourself up, watch funny TV shows—is a terrible idea.

people are healthier. People assume that happiness leads them to be healthier, but we didn’t find that. Having a job you feel engaged in; a good education; a good, stable relation-

● Stress isn’t so bad. “You’re always hearing about the dangers of stress, but the people who were the most involved and dedicated to accomplishing things—they stayed

healthiest and lived longest. It’s not good if you’re overwhelmed by stress, but the people who thrived were the ones who didn’t try to relax or retire early but who took on challenges and were persistent.”

● Run with the right crowd. “To make yourself healthier, the best thing you can do is to think about the kinds of people you spend time with. If you’re

involved with the kind of people who help other people, you get more dependable yourself—you have a reason to get up in the morning, so you’re not out drinking late at night. One of the secrets of longevity is to join social groups and choose hobbies or jobs that lead you naturally to healthier patterns and activities. That’s a gradual but effective way to change yourself.”

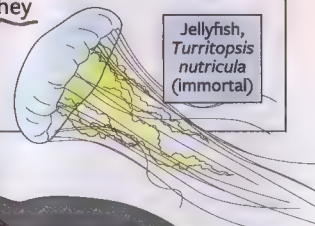
ILLUSTRATED BY JASON LEE FROM SCIENTIFIC AMERICAN

THE OUTER LIMITS

How to Be Immortal

BY KAREN RAVN

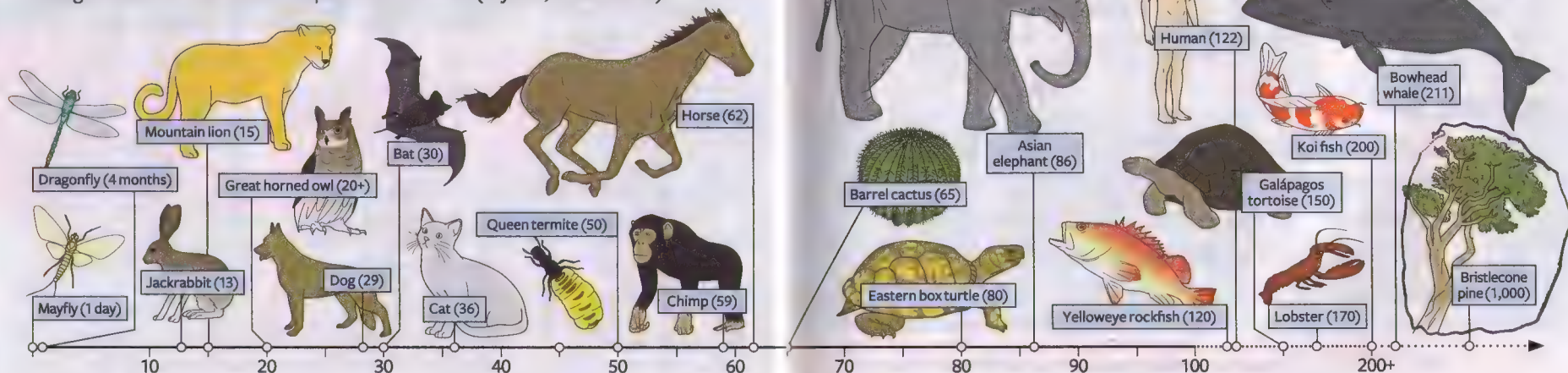
If one species of jellyfish can live forever (see chart below), why can’t we? Some marine researchers are looking into that question. Jellyfish begin life as larvae “that look like swimming, fuzzy Tic Tac candies,” says Chad Widmer, a Fulbright scholar studying jellyfish at the University of St. Andrews, Scotland. Soon they settle on the ocean floor and turn into polyps that resemble mini macaroni. These eventually generate baby jellyfish that grow into adults, produce more larvae, and finally die. *Turritopsis nutricula* does all of that except for the dying part; instead, adults turn back into polyps. Scientists believe they can yo-yo back and forth ad infinitum. These jellies may get eaten or washed ashore, but they don’t die of old age. As Widmer says, “They’re Methuselah jellies.”



LONGEVITY METER

How Old Can You Go? ● FROM Scientific American

Average life span keeps rising—in fact, your life expectancy is a tiny bit longer now than when you began reading this sentence. But scientists think each species has a biological limit. The maximum life span seen in the wild (in years, unless noted):



REALITY CHECK

Shortcut to Youth?

BY KAREN RAVN

If it might prevent aging (or, more realistically, slow it), any small success in a research lab makes an immediate leap onto the front page. But have these much ballyhooed approaches stood the test of time and further investigation?

● Calorie restriction

A healthy but radically downsized meal plan can extend life for fruit flies, yeast, and rodents. It has even shown some promising results in humans, lowering fasting insulin levels, for instance—but only if volunteers stick to an extremely stringent diet (about 1,400 calories a day). Research continues, but it's not clear that such a diet is safe—or tolerable—for people over the long haul.

NOTABLE QUOTE

“At the molecular level, we are burning ourselves up and being reborn, almost every second of our lives. If only we could do that again and again, we would have the immortal life of the phoenix.”

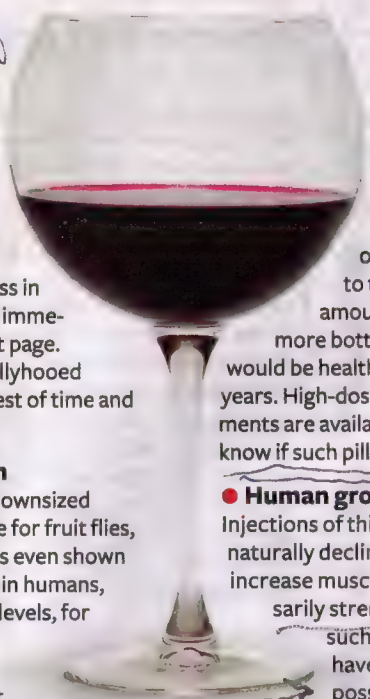
Jonathan Weiner, author of *Long for This World: The Strange Science of Immortality* (HarperCollins, \$27.99), quoted in *AARP Bulletin*

● Resveratrol

This compound, found in red wine, grapes, and some nuts, raised hopes when experiments showed it increased the life span of mice. Sadly, for you to take in an equivalent amount, you'd have to quaff more bottles of red wine daily than would be healthy over weeks or even years. High-dose resveratrol supplements are available, but scientists don't know if such pills are safe or effective.

● Human growth hormone

Injections of this hormone, which naturally declines with age, can increase muscle mass (but not necessarily strength). Unfortunately, such supplements may also have damaging side effects, possibly raising the risk of diabetes and high blood pressure, among other things. The shots will certainly drain your bank account: A year's worth can cost \$15,000 or more.



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TEST YOURSELF

Telling the Future

What your walking speed says about your expiration date

Sometimes you're not in the mood for a physical exam, PET scan, or full genetic analysis—but you'd still like a ballpark sense of how you're holding up. For that, there's walking, says Stephanie Studenski, MD, at the University of Pittsburgh. Her study on ambulation among the elderly showed that the faster someone 65 years or older covered a short distance, the longer he or she could expect to live.

"The difference was so dramatic," said columnist Derrick Z. Jackson in the *Boston Globe*, "that the chance of living another ten years for 75-year-old men, depending on their gait speed, ranged from a low one-in-five chance to a nearly guaranteed nine-in-ten. For 75-year-old women, chances ranged from one in three to nine in ten."

You can't cheat the reaper by consciously trying to walk faster, Dr. Studenski says—speed is just a marker. But you can tune things up by picking up the pace while you're still able. For that, a few tips from *The Complete Guide to Walking*: Take smaller, faster steps, not longer ones. Swing your arms faster (but don't go crazy—keep them close to your side), and breathe naturally. Whether you choose to chew gum at the same time is up to you.

Join the
MyBONIVA® Program
for Sally's Tips,
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MyBONIVA is a free program that gives you tips from Sally, ideas, and support to help manage your osteoporosis.

You'll get:

- One month of BONIVA free*
- Sally Field's tips on managing your osteoporosis and building stronger bones.
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*You must be 18 years of age or older to join MyBONIVA. The free trial offer is limited to one per patient. MyBONIVA is a registered trademark of Roche Therapeutics Inc.

If you have osteoporosis, like me, calcium-rich foods, vitamin D, and exercise can help. But they may not be enough to keep your bones strong. So ask your doctor if once-monthly BONIVA can help you do more.

BONIVA is a prescription medication to treat and prevent postmenopausal osteoporosis. **Ask your doctor if BONIVA is right for you.**

Important Safety Information: You should not take BONIVA if you have certain problems with your esophagus (the tube that connects your mouth and stomach), low blood calcium, cannot sit or stand for at least 60 minutes, have severe kidney disease, or are allergic to BONIVA. Stop taking BONIVA and tell your doctor right away if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Follow the dosing instructions for once-monthly BONIVA carefully to lower the chance of these events occurring. Side effects may include diarrhea, pain in the arms or legs, or upset stomach. Tell your doctor and dentist about all the medicines you take. Tell them if you develop jaw problems (especially following a dental procedure) or severe bone, joint, and/or muscle pain. Your doctor may also recommend a calcium and vitamin D supplement.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please read Patient Information on the next page.

Enroll today. Call 1-888-362-2544 or visit BONIVAFreetrial.com and try BONIVA free.

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*I wanted to stop
my bone loss.*



"Eat plenty of calcium-rich foods like yogurt, spinach, and cheese."

once-monthly
Boniva
ibandronate sodium
150 mg tablet



IMPORTANT FACTS ABOUT BONIVA

(bon-EE-va) ibandronate sodium 150-mg tablet

What is BONIVA?

BONIVA, a bisphosphonate, is a prescription medicine used to treat and prevent osteoporosis in postmenopausal women, characterized by weakening of the bone.

Taken once a month in tablet form, BONIVA may stop and reverse bone loss in most women. It has been clinically proven to help build and maintain bone density, which can help reduce fractures.

What is the most important information about BONIVA?

BONIVA may cause serious problems in the stomach and the esophagus (the tube that connects your mouth and stomach) such as trouble swallowing, heartburn, and ulcers.

Who should not take BONIVA?

Do not take BONIVA if you:

- have abnormalities with your esophagus, such as restriction or difficulty swallowing
- have low blood calcium (hypocalcemia)
- cannot sit or stand for at least 60 minutes
- have kidneys that work very poorly
- are allergic to BONIVA or any of its ingredients

See Patient Information for complete list.

Before you start BONIVA.

Tell your health care provider if you:

- are pregnant or plan to become pregnant
- are breast-feeding
- have trouble swallowing or other problems with your esophagus
- have kidney problems
- are planning a dental procedure such as tooth extraction

Tell your health care provider and dentist about all medications you're taking, including vitamins, antacids, and supplements.

How should you take BONIVA?

You must take BONIVA exactly as instructed by your health care provider.

- Take first thing in the morning, on the same day each month.
- Swallow whole (do not chew or suck) with a full glass (6 to 8 oz) of plain water (not sparkling or mineral). Do not take with tea, coffee, juice, or milk.
- After you take BONIVA, remain standing or sitting for at least 60 minutes before you eat, drink, lie down, or take any other oral medications, including calcium, vitamins, and antacids. Some medicines can stop BONIVA from getting to your bones.
- If you take too much BONIVA, drink a full glass of milk and call your local poison control center or emergency room right away. Do not make yourself vomit. Do not lie down.

How should you take BONIVA? (continued)

- If you miss a monthly dose and your next scheduled BONIVA day is more than 7 days away, take one BONIVA 150 mg tablet in the morning following the day that you remember. Do not take two 150 mg tablets within the same week. If your scheduled BONIVA day is only 1 to 7 days away, wait until your next scheduled BONIVA day to take your tablet. Then return to taking one BONIVA 150 mg tablet every month in the morning of your chosen day, according to your original schedule. If you are not sure what to do if you miss a dose, contact your health care provider, who will be able to advise you.

What are the possible side effects of BONIVA?

Stop taking BONIVA and call your health care provider right away if you have pain or trouble swallowing, chest pain, or very bad heartburn or heartburn that does not get better. Follow dosing instructions carefully to decrease the risk of these effects.

BONIVA may cause:

- Pain or trouble swallowing
- Heartburn
- Ulcers in stomach or esophagus

Common side effects are:

- Diarrhea
- Pain in extremities (arms or legs)
- Upset stomach

Less common side effects are:

- Short-term, mild flu-like symptoms, which usually improve after the first dose

Rarely, patients have reported allergic and skin reactions. Contact your health care provider if you develop any symptoms of an allergic reaction including skin rash (with or without blisters), hives, wheezing, or swelling of the face, lips, tongue, or throat. Get medical help right away if you have trouble breathing, swallowing, or feel light-headed.

Rarely, patients have reported severe bone, joint, and/or muscle pain starting within one day to several months after beginning to take oral bisphosphonate drugs. Contact your health care provider if you develop these symptoms after starting BONIVA.

Rarely, patients have reported serious jaw problems associated with delayed healing and infection, often following dental procedures such as tooth extraction. If you experience jaw problems, contact your health care provider and dentist.

This summary is not a complete list of side effects. For a complete list, consult your health care provider or pharmacist.

Want to know more?

This summary is not everything you need to know about BONIVA. It does not take the place of talking with your health care provider about your condition or treatment. For more complete information, talk to your health care provider or pharmacist.

Visit myboniva.com or call 1-888-MyBONIVA for the complete Prescribing Information, which includes the Patient Information.

Genentech

A Member of the Roche Group

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10032001

More This, Less That

From research labs around the world, simple **additions** and **subtractions** that just might result in a healthier life

+ FISH Women in a Swedish study who ate more than three servings of fish per week were 16 percent less likely than fish shunners to have a stroke in a ten-year period. That's about as much stroke protection as you get from going on a statin drug.

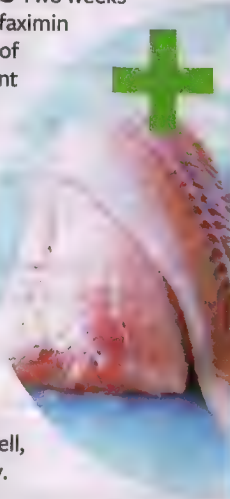
+ HELP FOR IBS Two weeks on the antibiotic rifaximin provided 12 weeks of relief for a significant number of people with irritable bowel syndrome—easing cramps, bloating, and diarrhea. The results are especially encouraging because current treatments for IBS often don't work well, the researchers say.

+ BOOSTER SHOTS When it comes to protection against chicken pox, a second dose really helps. While a single shot protects about 85 percent of kids, adding the second prevents disease for nearly 100 percent. (Adults over age 60 can guard against a delayed pox complication by getting the shingles vaccine.)

- FRIED FISH Yes, fish is good for you—that is, unless you fry it. A look at the habits of people in America's "stroke belt," which includes most southern states, suggests one reason for their increased risk: They're 32 percent more likely than people elsewhere to eat fried fish at least twice weekly.

- DISTRACTED EATING If you watch TV or work at the computer while eating, your waistline may suffer. In a recent study, volunteers who played a computer game as they had lunch ate twice as many cookies a short time later as people who didn't multitask during their meal.

- LIGHT IN THE BEDROOM A new study adds to suspicion that exposure to light at night boosts breast cancer risk. Women who slept with lights on or had light shining in from outside were up to 40 percent more likely to develop the disease than those who slept in a dark room.



(FROM LEFT) P. DESGRIEUX/CORBIS; CORBIS

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Look for the second Best You book in bookstores this March. *Blessed: Living a Grateful Life* is a heartwarming collection of stories from author Ellen Michaud that opens our eyes to the little everyday wonders and relationships that bring meaning and purpose to our lives.

TIME-SAVER

What Are You Waiting For?

Stop procrastinating now, with these tips from all over

You've got a slide show due on Wednesday, you need to wash your son's soccer uniform before tomorrow, you haven't had your teeth cleaned in eight months, and the faucet has been leaking since last Tuesday. So what do you do? Update your Facebook status, of course! According to researcher Piers Steel, PhD, 95 percent of people put off till tomorrow what they could do today, a habit that affects friends, family, and coworkers.

A few tips for kicking a ticking habit:

Define the task. "Procrastination is driven, in part, by the gap between effort (which is required now) and reward (which you reap only in the future, if ever)," writes James Surowiecki in the

New Yorker. Paraphrasing David Allen's classic *Getting Things Done*, he points out, "The vaguer the task, or the more abstract the thinking it requires, the less likely you are to finish it."

Focus. Leo Babauta, the author of *Focus* and the blog Zen Habits,

suggests writing the word *focus* on an index card and putting it on your desk: simple and, he promises, effective. Too many tasks that are tough to prioritize and are competing for your time?

you around," writes Steel in *The Procrastination Equation* (Harper, \$25.99). RescueTime, a free online time-management tool, can "nudge" you back to work as well as block the Internet (see

Having the Internet is like trying to diet with "a floating spoon of ice cream following you around."

Babauta suggests picking the three or five most important ones, doing the one that excites you first, and focusing (that word again) on one task at a time.

Just get started. Set a timer for 25 minutes and start your task, suggests Ryan Waggoner on lifehacker.com. You can do almost anything for 25 minutes, can't you?

Let the computer police your use of the Internet. Online, you can chat, shop, and waste time by barely lifting a finger. "It's like trying to diet with a magic floating spoon of ice cream following

"Gadget Mania," page 94). A favorite of writer Nora Ephron: Freedom Internet-blocking software (\$10, with a free trial).

Aim for "good enough." "Any improvement," Waggoner says, "no matter how small, is a step in the right direction."

Bet on yourself—literally. At the online motivator stickK.com, featured on CBS *Sunday Morning*, you can post your goals, who will make sure you achieve them, and how much you'll pay if you fail. (You're encouraged to donate any money you lose to a charity you hate.)

Go to the extreme if you have to. Victor Hugo had his valet hide his clothes so he'd have to stay home and write, Surowiecki reminds us. Demosthenes supposedly shaved half his head and refused to appear in public until it grew back, giving him more time to work on his "rhetorical skills," writes Daniel Akst in *We Have Met the Enemy: Self-Control in an Age of Excess* (Penguin Press, \$26.95). One Arizona sociologist posted an embarrassing photo of himself on Facebook until he completed an onerous task. He even admitted to Akst his ultimate work fantasy: "being tethered to an assembly line and supervised." ■

GO FIGURE

40

Percentage of British adults with 20/20 vision who would wear glasses to a job interview to improve their odds.

Source: (London) Daily Telegraph

ILLUSTRATED BY BARRY BLITT FROM THE NEW YORKER

ATTITUDE ADJUSTMENT

Don't Blame the Boss

Six signs you're creating your own workplace stress

BY STEVE TOBAK

FROM bnet.com

Quick, by a show of hands, how many of you have workplace stress? Almost everybody, great. Now, how much of that stress do you think is self-imposed? What, no hands? Well, I'm not surprised. Most people make their own stress. Do any of these signs resonate with you?

1) Not making enough money? Join the club. Nobody—I mean, nobody—makes enough money. Work hard, be smart, do great things, learn how to negotiate, and the money will come. That's how it works.

2) Nobody loves you? Boss treats your coworker better? Did you ever think it's you? Maybe you're always whining. Maybe you never grew up. Who knows?

3) Your group gets no respect. IT is always getting dumped on. Sales and marketing has it easy. Guess what. The other group probably feels the same way.

4) You have a psycho boss? That sucks, but unemployment is at 9.5 percent, so you don't get to pick your boss. Fighting battles you can't win generates stress.



5) Too much work, too little time. Are your deadlines real and not just you feeling self-important, pushing yourself too hard because you haven't got a life?

6) Executive management doesn't listen or care. Did it ever occur to you that executive managers are people too? They have their own issues, and they're not perfect. Some companies are well managed; some are managed by idiots. On the outside chance they're not idiots, did you ever think that maybe, just maybe, they know more than you do?

Try a little experiment: If you experience an issue or two and it changes when you jump companies or groups, then you were probably in a dysfunctional workplace. But if it doesn't change, if it's always the same, then it's probably you. You might want to see somebody about that.

NOTABLE QUOTE

“If you were shrunk to the size of a pencil and put in a blender, how would you get out?” One of the 25 toughest interview questions of 2010, asked by an analyst at Goldman Sachs, from a glassdoor.com ranking

ILLUSTRATED BY ZOHAR LAZAR



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HomeDigest

Your Kitchen: Pass or Fail?

What happens when a restaurant health inspector looks behind a citizen's stove?

BY HENRY ALFORD FROM *The New York Times*

The night before a health inspector came to my apartment, I had a brief nightmare about a grim-faced woman in a lab coat who crawled across my kitchen floor with a pair of tweezers. So when it came time to greet the actual inspector, Beth Torin, one of the first things I uttered to her had a slightly unaccommodating air about it: "Your presence in my home terrifies me."

Ms. Torin, a forceful, chatty woman in her late 30s, reached into her bag for her badge

and said, "My mother tells me the same thing about her kitchen."

Using a palm-size meter, Ms. Torin checked carbon monoxide levels inside the apartment and thus made sure my exhaust hoods were working. Satisfied, she then asked if she could wash her hands. I proudly pointed to my kitchen sink, where I'd fastidiously placed canisters of antibacterial wipes and liquid soap.

I was dismayed to hear: "You're not allowed to wash your hands in the kitchen

sink. I coughed when I came in the door. Who knows where my hands have been?" Wherever they'd been, the germs they carried with them were now in the same sink I use to rinse lettuce.

If the sleigh ride that was this inspection had just been given its initial push down the slope, it then proceeded to plunge, lugelike, down a sluice gate of detritus-flecked squalor. Most disastrously (that is to say, 38 points' worth of disaster), Ms. Torin determined that my refrigerator was >>



(KITCHEN) MICHAEL FALCO/NEW YORK TIMES/REDUX, (MAGNIFYING GLASS) CORBIS

warmer than the required 41 degrees, as was the food inside. I didn't know I had this problem because I don't keep a thermometer in my fridge (2 points).

These struck me as mostly legitimate viola-

soaking in a sanitizing solution (5 points); my cutting board had many tiny nicks and grooves and thus could breed bacteria (2 points).

When, on seeing cat food in a cabinet, she asked if I had a cat

and basil summer rolls—out into the living room for my lunch guests before Ms. Torin could nail me for harboring under-refrigerated shellfish (8 points). As they say on television these days: I'm not here to make friends; I'm here to win.

Ms. Torin totted up my violations on a worksheet: 77. Flunk-adelic. (If a New York City restaurant gets a score higher than 14, an inspector returns in two weeks.) Then she offered some faint praise: "Your covered garbage can is great."

My cutting board had many tiny nicks and grooves and thus could breed bacteria (2 points).

tions, as did my broken meat thermometer (8 points). But then Ms. Torin started rifling off a series of concerns I'd never thought of: The towels I use to wipe my counters were not

(5 points), I said yes but did not reveal that my boyfriend and I actually have two (6 points; animals are prohibited in restaurants). Then I stealthily whisked my appetizer—Thai shrimp

TIME-SEVEN

How to Throw a Party



Whether you're planning an Oscar party or a low-key evening for four, consider a few stress-busting, clock-conquering dos and don'ts from *House Beautiful*:

- ▶ If it can be done the day before, do it. Create your music playlist, set the table, and freeze your candles so they will drip less.
- ▶ Start the night with an empty dishwasher.
- ▶ There's nothing wrong with takeout served on "the good dishes." Even potato chips look good in crystal bowls.
- ▶ Clear the plates too soon, and you may clear the room as well.

TAMMY HANRATTY/CORBIS
FROM TOP: MICHAEL WATSON/MANLY; TARA CLOUTIER/REX USA
MOTOGI ARCHITECTURE; COURTESY ERIC CHEN; B.7 AGENCY

TREND

3 New Ways America Can Take a Load Off

THE MINIMALIST CHAIR

There's no seat, no armrest, no back—but this "sitting tool," as the Vitra Design Museum Online Shop describes it, does have "a robust fabric strap" inspired by the ones the Ayoreo Indians of Paraguay use. The aptly named Chairless, designed by Alejandro Aravena, supports your back and legs and keeps arms and hands free—at concerts, on crowded living-room floors, anywhere you plan on sitting for a while. (design-museum.com/shop, \$28) Source: yatzzer.com



THE PINCUSHION CHAIR

This Lost in Sofa piece from Daisuke Motogi Architecture, a Japanese design studio, doesn't have a cup holder, but you can wedge books, phones, remote controls, cups and bottles, and the like between its upholstered cubes. (Made to order. For price, contact mail@dskmtg.com.) Source: dezeen.com



THE MAXIMALIST CHAIR

Instead of swathing yourself in fleecewear, you can zip up in the Cocon, a sleeping-bag chair with a washable duvet, designed for Superette. One commenter at consumerist.com said it was for people with too much money who are too lazy to get up and find a blanket; another called it the new Snuggie. (Price and availability to be determined.)



HOW TO

SOLVE 5 STICKY SITUATIONS

1 Get rid of religious proselytizers at your door. Acknowledge intent, not content, says *British Esquire*. It's not that you don't want to hear what they have to say (though you don't—you really, really don't). It's a matter of time: Say "I appreciate your commitment to your faith in going door-to-door and spreading the word. I'm sorry I don't have the time right now to give you what you deserve."

2 Get rid of robocalls. Press the pound key (#) or the star, pound, and zero keys at the same time (*#0). That's what commenters at *lifelacker.com* and a *New York Times* blog suggest you do to foil annoying calls from politicians (luckily, not so prevalent after the elections) and car-warranty "providers" (why won't they just stop already?).

3 Get rid of clogged drains. *The Family Handyman* recommends a "cheap, fast, chemical-free" unclogger called Zip-it (available at Walmart, Walgreens, Ace, and Lowe's), a jagged plastic wand with "teeth" you insert to bring up hair and goop. Another *Family Handyman* tip, from a reader: To unclog a shower drain, remove the drain plate, insert the hose of a shop vacuum, and tighten the seal, using a

rag if necessary. Turn it on and suck the gunk away.

4 Unstick glue caps that refuse to budge. Dab petroleum jelly on the threads of the bottle when you first open it, one reader suggests in *This Old House*.

5 Get rid of dirt and add a seasonal scent. Ashley English of *designspongeonline.com* suggests this recipe for floor cleaner: 1 cup white vinegar, ¼ cup baking soda, 6 or 7 drops essential oil (cinnamon, pine, lavender, etc.)—mixed in a pail with hot water. Swish. Mop. Inhale. ■

NOTABLE QUOTE

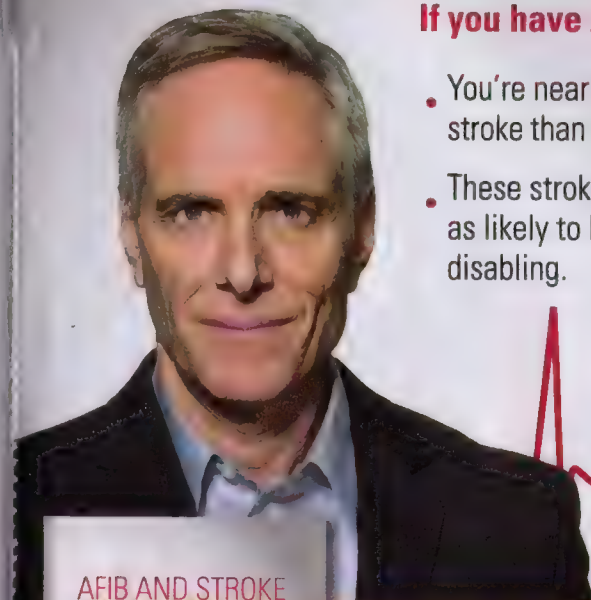
“Honeysuckle emboldens us to face everyday troubles with verve and vigor.”

The excitable, optimistic color firm *Pantone*, naming the reddish-pink hue its Color of 2011

If you have AFib, your irregular heartbeat can cause blood to pool in your heart, where a clot can form. This clot can come loose and travel to your brain, where it can cause a serious stroke.

If you have AFib:

- You're nearly **5x** as likely to suffer a stroke than someone without AFib.
- These strokes are about **twice** as likely to be fatal or severely disabling.



Get this FREE book and the facts about AFib and stroke.

Call 1-877-340-AFIB (2342) or go to www.afibstroke.com

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AFIB86915CONS

STELARA® is a prescription medicine approved to treat adults 18 years and older with moderate or severe plaque psoriasis that involves large areas or many areas of their body, who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).

IMPORTANT SAFETY INFORMATION

STELARA® is a prescription medicine that affects your immune system. STELARA® can increase your chance of having serious side effects including:

Serious Infections

STELARA® may lower your ability to fight infections and may increase your risk of infections. While taking STELARA®, some people have serious infections, which may require hospitalization, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses.

- Your doctor should check you for TB before starting STELARA® and watch you closely for signs and symptoms of TB during treatment with STELARA®
- If your doctor feels that you are at risk for TB, you may be treated for TB before and during treatment with STELARA®

You should not start taking STELARA® if you have any kind of infection unless your doctor says it is okay.

Before starting STELARA®, tell your doctor if you think you have an infection or have symptoms of an infection such as:

- fever, sweats, or chills
- muscle aches
- cough
- shortness of breath
- blood in your phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more often than normal
- feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have TB, or have been in close contact with someone who has TB

After starting STELARA®, call your doctor right away if you have any symptoms of an infection (see above).

STELARA® can make you more likely to get infections or make an infection that you have worse. People who have a genetic problem where the body does not make any of the proteins interleukin 12 (IL-12) and interleukin 23 (IL-23) are at a higher risk for certain serious infections that can spread throughout the body and cause death. It is not known if people who take STELARA® will get any of these infections because of the effects of STELARA® on these proteins.

Cancer

STELARA® may decrease the activity of your immune system and increase your risk for certain types of cancer. Tell your doctor if you have ever had any type of cancer.

Reversible posterior leukoencephalopathy syndrome (RPLS)

RPLS is a rare condition that affects the brain and can cause death. The cause of RPLS is not known. If RPLS is found early and treated, most people recover. Tell your doctor right away if you have any new or worsening medical problems including: headache, seizures, confusion, and vision problems.

Serious Allergic Reactions

Serious allergic reactions can occur. Get medical help right away if you have any symptoms such as: feeling faint, swelling of your face, eyelids, tongue, or throat, trouble breathing, throat or chest tightness, or skin rash.

Before receiving STELARA®, tell your doctor if you:

- have any of the conditions or symptoms listed above for serious infections, cancer, or RPLS
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA®.** Non-live vaccinations received while taking STELARA® may not fully protect you from disease.
- are receiving or have received allergy shots, especially for serious allergic reactions
- ever had an allergic reaction to STELARA®
- receive phototherapy for your psoriasis
- have any other medical conditions
- are pregnant or plan to become pregnant. It is not known if STELARA® will harm your unborn baby. You and your doctor should decide if you will take STELARA®
- are breast-feeding or plan to breast-feed. It is thought that STELARA® passes into your breast milk. You should not breast-feed while taking STELARA® without first talking to your doctor.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take:

- other medicines that affect your immune system
- certain medicines that can affect how your liver breaks down other medicines

Common side effects of STELARA® include: upper respiratory infections, headache, and tiredness.


These are not all of the side effects with STELARA®. Tell your doctor about any side effect that bothers you or does not go away. Ask your doctor or pharmacist for more information.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please read the Medication Guide for STELARA® and discuss any questions you have with your doctor.

 **Stelara®**
(ustekinumab)



If you suffer from moderate or severe plaque psoriasis...
Imagine the possibilities of clearer skin

*4 doses a year
after 2
starter doses*

Discover a proven psoriasis therapy. In a medical study, 7 out of 10 STELARA® patients saw at least 75% clearer skin at 12 weeks, and 6 out of 10 patients had their plaque psoriasis rated as cleared or minimal at 12 weeks. *Individual results may vary.*

The safety and effectiveness of STELARA® have not been evaluated beyond two years.

Discover a convenient psoriasis therapy. STELARA® is an injection given under the skin by a healthcare provider as directed by your doctor at weeks 0, 4, and every 12 weeks thereafter. Each injection is given using a small needle. STELARA® is available in 45 mg or 90 mg doses; your doctor will choose the right dose for you. Make sure you keep all your scheduled follow-up appointments.

Ask your dermatologist about STELARA®

Please read the Important Safety Information on the adjacent page.



Learn more about STELARA®

Text STELARA to 80800,
call 1-866-709-1050,
or visit www.STELARAinfo.com

MEDICATION GUIDE FOR STELARA® INJECTION



Read this Medication Guide before you start taking STELARA® and each time before you get an injection. There may be new information. This Medication Guide does not take the place of talking with your doctor about your medical condition or treatment with STELARA®.

What is the most important information I should know about STELARA®?

STELARA® is a medicine that affects your immune system. STELARA® can increase your chances of having serious side effects, including:

Serious Infections: STELARA® may lower the ability of your immune system to fight infections and may increase your risk of infections. Some people have serious infections while taking STELARA® including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses. Some people have to be hospitalized for treatment of their infection.

- Your doctor should check you for TB before starting STELARA®
- If your doctor feels that you are at risk for TB, you may be treated with medicine for TB before you begin treatment with STELARA® and during treatment with STELARA®
- Your doctor should watch you closely for signs and symptoms of TB during treatment with STELARA®

You should not start taking STELARA® if you have any kind of infection unless your doctor says it is okay.

Before starting STELARA® tell your doctor if you think you have an infection or have symptoms of an infection such as:

- fever, sweats, or chills
- muscle aches
- cough
- shortness of breath
- blood in your phlegm
- weight loss
- warm, red, or painful skin or sores on your body
- diarrhea or stomach pain
- burning when you urinate or urinate more often than normal
- feel very tired
- are being treated for an infection
- get a lot of infections or have infections that keep coming back
- have TB, or have been in close contact with someone who has TB

After starting STELARA®, call your doctor right away if you have any symptoms of an infection (see above).

STELARA® can make you more likely to get infections or make an infection that you have worse.

People who have a genetic problem where the body does not make any of the proteins interleukin 12 (IL-12) and interleukin 23 (IL-23) are at a higher risk for certain serious infections. These infections can spread throughout the body and cause death. It is not known

if people who take STELARA® will get any of these infections, because of the effects of STELARA® on these proteins in your body.

Cancers:

STELARA® may decrease the activity of your immune system and increase your risk for certain types of cancers. Tell your doctor if you have ever had any type of cancer.

Reversible posterior leukoencephalopathy syndrome (RPLS):

RPLS is a rare condition that affects the brain and can cause death. The cause of RPLS is not known. If RPLS is found early and treated, most people recover. Tell your doctor right away if you have any new or worsening medical problems including:

- headache
- seizures
- confusion
- vision problems

What is STELARA®?

STELARA® is a prescription medicine used to treat adults 18 years and older with moderate or severe psoriasis that involves large areas or many areas of their body, who may benefit from taking injections or pills (systemic therapy) or phototherapy (treatment using ultraviolet light alone or with pills).

STELARA® may improve your psoriasis but may also lower the ability of your immune system to fight infections. This may also increase your risk for certain types of cancer.

It is not known if STELARA® is safe and effective in children. It is not known if taking STELARA® for more than two years is safe and effective.

What should I tell my doctor before receiving STELARA®?

Before you receive STELARA®, tell your doctor if you:

- have any of the conditions or symptoms listed in the section "What is the most important information I should know about STELARA®?"
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA®.** Non-live vaccinations received while taking STELARA® may not fully protect you from disease.
- are receiving or have received allergy shots, especially for serious allergic reactions. Allergy shots may not work as well for you during treatment with STELARA®. STELARA® may also increase your risk of having an allergic reaction to an allergy shot.
- receive phototherapy for your psoriasis.

- have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if STELARA® will harm your unborn baby. You and your doctor should decide if you will take STELARA®.
- are breast-feeding or plan to breast-feed. It is thought that STELARA® passes into your breast milk. You should not breast-feed while taking STELARA® without first talking with your doctor.
- ever had an allergic reaction to STELARA®. Ask your doctor if you are not sure.

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Especially tell your doctor if you take:

- other medicines that affect your immune system.
- certain medicines that can affect how your liver breaks down other medicines.

Ask your doctor or pharmacist if you are not sure if your medicine is one that is listed above.

Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

How will I receive STELARA®?

- STELARA® is given by injection under the skin (subcutaneous injection).
- STELARA® should only be given by a healthcare provider as directed by your doctor.
- Your doctor will decide the right dose of STELARA® for you and how often you should receive it.
- Be sure to keep all of your scheduled follow-up appointments.

What should I avoid while receiving STELARA®?

You should not receive a live vaccine while taking STELARA®. See "What should I tell my doctor before taking STELARA®?"

What are the possible side effects of STELARA®?

STELARA® can increase your chances of having serious side effects.

- See "What is the most important information I should know about STELARA®?"
- **Serious Allergic Reactions.** Serious allergic reactions can occur with STELARA®. Get medical help right away if you have any of the following symptoms of a serious allergic reaction:
 - feeling faint
 - swelling of your face, eyelids, tongue, or throat
 - trouble breathing, throat tightness
 - chest tightness
 - skin rash

Common side effects of STELARA® include:

- upper respiratory infections
- headache
- tiredness

These are not all of the possible side effects of STELARA®. Tell your doctor about any side effect that bothers you or that does not go away. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088.

You may also report side effects to Centocor Ortho Biotech Inc. at 1-800-457-6399.

General information about STELARA®

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide.

This Medication Guide summarizes the most important information about STELARA®. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about STELARA® that was written for healthcare professionals.

What are the ingredients in STELARA®?

Active ingredient: ustekinumab

Inactive ingredients: L-histidine, L-histidine monohydrochloride monohydrate, polysorbate 80, and sucrose.

Prefilled Syringe Manufactured by: Centocor Ortho Biotech Inc., Horsham, PA 19044, License No. 1821 at Baxter Pharmaceutical Solutions, Bloomington, IN 47403

Vial Manufactured by: Centocor Ortho Biotech Inc., Horsham, PA 19044, License No. 1821 at Cilag AG, Schaffhausen, Switzerland

Revised October 2010

This Medication Guide has been approved by the U.S. Food and Drug Administration.

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DAVID BOWMAN

MiscDigest

Random Ideas from All Over



● **They're here: ads on school buses and lockers—anywhere there's a captive audience.** "As budget shortfalls continue, a growing number of school boards and legislators are making more room for advertisers." (*Time*)

● **The CARE Package returns, in virtual form.** March 8 is International Women's Day, but women *and* men can go to carepackage.org and donate money for education, health care, and other help for women overseas.

● **Will fewer cash transactions mean fewer robberies?**
 "As credit and debit cards replace greenbacks, the odds of a petty thief leaving a job empty-handed are higher than ever. (Slate)"

- **Cineplex *this!*** Movie attendance is down about 2 percent from 2009, perhaps because ticket prices are up 4 percent. America's supersize home TV screens likely aren't helping either. (*Entertainment Weekly*)
- **The boss who laid herself off.** Lola Gonzalez owns Accurate Background Check in Ocala, Florida. When business slowed, she laid herself off, got another job as a social worker, and kept on her nine longtime employees. (*USA Today*)
- **Internet, Schmineternet.** "People often talk about printed books as if they were extinct. I have been invited to so many conferences on 'The Death of the Book' that I suspect it is very much alive." (Robert Darnton, *New York Review of Books*)

Mini Book Excerpts

Novel

Rains fell. Alligators dug and tenanted new lakes. It became (how?) early April. We were doing four or five shows a week, at most, for pitiful numbers of people. Some audiences were in the single digits. I read my comics and memorized the speech bubbles of heroes ... Whole islands caught fire from lightning strikes, and you could sometimes watch deer and marsh rabbits leaping into the sea of saw grass on gasps of smoke.

Swamplandia! by Karen Russell (Alfred A. Knopf, \$24.95)



Food/Health

The boys took turns yanking hair from my head, each grasp becoming larger and larger as they laughed hysterically. They could only reach the sides, right above my ears, so after a few minutes I got up and looked in the mirror. I had the start of a Mohawk. Perfect. I figured I would take it a step further and surprise the [restaurant] staff with a cleanly shaven hawk ... I walked into Alinea the next day with a full-on Mohawk ... The staff responded in an act of solidarity and either shaved their heads or crafted Mohawks of their own ... We may have looked nuts to our high-end customers, but I have never felt a tighter bond in the restaurant.

Life, on the Line: A Chef's Story of Chasing Greatness, Facing Death, and Redefining the Way We Eat by Grant Achatz and Nick Kokonas (Gotham Books, \$27.50)

MARTHA CAMARILLO/GAARTISTS

Technology

Too much information, and so much of it lost. An unindexed Internet site is in the same limbo as a misshelved library book. This is why the successful and powerful business enterprises of the information economy are built on filtering and searching. Even Wikipedia is a combination of the two: powerful search, mainly driven by Google, and a vast, collaborative filter, striving to gather the true facts and screen out the false ones. Searching and filtering are all that stand between this world and the Library of Babel.

The Information: A History, a Theory, a Flood by James Gleick (Pantheon, \$29.95)

Mystery

"You're a smart boy. Benny's death was no accident, and you're the only one who saw it happen. Do you think the murderer should get away with it?" The boy was staring stubbornly at his lap again.

A thought suddenly occurred to Annika. "Did you ... you recognized the man in the car, didn't you?"

The boy hesitated, twisting his fingers. "Maybe," he said quietly.

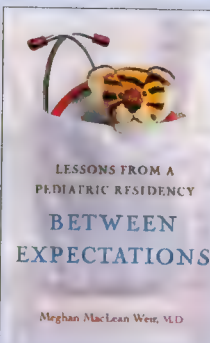
Red Wolf by Lisa Marklund (Atria Books, \$25.99)



Memoir

Somehow, thankfully, deep inside my increasingly tiny, withered self, I realized that adapting to this latest incarnation of the company's administration would only dig me in for several more years, as each previous crisis had. I would not flourish, and the chance for that was overdue. This was my moment, and I dragged myself to the finish line of my corporate career ... I've decided to go live in the woods (it's for the best).

And I Shall Have Some Peace There: Trading in the Fast Lane for My Own Dirt Road by Margaret Roach (Grand Central Publishing, \$25.99)



Medicine

You are 68 days old and still nearly two months premature, born unforgettably soon at 24 weeks and some change. You have been given a name, Connor, after a cousin on your father's side who was killed by shrapnel from a roadside bomb in Anbar only days after arriving in Iraq. You have been christened by a Catholic priest who rolled back his shirt cuffs to reveal slender, feminine wrists and who reached in through two opened portals on one side of your cocoon to sprinkle you with water and press holy oil on the crown of your tiny head. You have been loved, cruelly and completely, and you have not been let go.

Between Expectations: Lessons from a Pediatric Residency by Meghan MacLean Weir, MD (Free Press, \$25)

SAY WHAT?

There's a Word for That—Just Not in English

Eight expressions that ought to exist in our native tongue but don't

BY JASON WIRE

FROM matadornetwork.com

- 1) **Toska** (Russian)—Vladimir Nabokov described it best: “No single word in English renders all the shades of *toska*. At its deepest and most painful, it is a sensation of great spiritual anguish, often without any specific cause. At less morbid levels, it is a dull ache of the soul, a longing with nothing to long for, a sick pining, a vague restlessness, mental throes, yearning. In particular cases, it may be the desire for somebody of something specific, nostalgia, lovesickness. At the lowest level, it grades into ennui, boredom.”
- 2) **Mamihlapinatapai** (Yahgan, one of several indigenous languages of Tierra del Fuego)—the wordless yet meaningful look shared by two people who both desire to initiate something but are both reluctant to start.
- 3) **Jayus** (Indonesian)—a joke so poorly told and so unfunny that one cannot help but laugh.

NOTABLE QUOTE

“Everything’s a failure when you compare it to music.”
 Author Barry Hannah,
 quoted in the *Oxford American*



- 4) **Iktsuarpok** (Inuit)—to go outside to check if anyone is coming.
- 5) **Tartle** (Scottish)—the act of hesitating while introducing someone because you’ve forgotten his name.
- 6) **Cafuné** (Brazilian Portuguese)—the act of tenderly running one’s fingers through someone’s hair.
- 7) **Torschlusspanik** (German)—translates literally as “gate-closing panic,” but its contextual meaning refers to the fear of diminishing opportunities as one ages.
- 8) **Tingo** (Pascuense, Easter Island)—It is hoped that this isn’t a word you’d need often: the act of taking objects one desires from the house of a friend by gradually borrowing all of them.

H. ARMSTRONG ROBERTS/CORBIS

ILLUSTRATED BY GRAFILU

WHAT I'M UP TO

Ron Reagan

The onetime dancer and the political commentator and son of the 40th president has published *My Father at 100: A Memoir* (Viking, \$25.95)

INTERVIEW BY AMY WALLACE

WHAT HE'S READING

“I just finished Bill Bryson’s *At Home*, which I thought was a diamond mine of arcana. It makes you very grateful to live in an era of indoor plumbing, where there are flush toilets and people bathe regularly. He paints a less-than-palatable picture of the mid-19th century.”

WHERE HE'S SURFING

“The *Huffington Post*, *Media Matters*, *Talking Points Memo*. Occasionally I’ll get swept away by guys being strapped into an outhouse and bungee-dropped. I think that’s the *Jackass* people.”

WHAT HE'S PLUGGING

“My book, which comes out February 6. I’d been talking to my mother around the time of his 99th birthday. And she said, ‘Daddy’—she calls him Daddy—‘Daddy would be 100 next year.’ I became curious not about the middle-aged father I knew—he was 47 when I was born—but about what he was like as a child, a teenager. How did he create himself?”



His
 READER'S
 DIGEST VERSION
 of life:

“My father always used to tell me that a gentleman always does the kind thing. So I always try to do the kind thing.”



WHAT HE'S LISTENING TO

“The Anonymous 4 had a new album out, and we were all atwitter about that—not the actual Twitter but the old-fashioned *atwitter*. My wife was just introduced to Ludovico Einaudi—contemporary composition mostly for piano and strings. It’s a cross between Philip Glass and George Winston.”

IF HE RULED THE WORLD, HE WOULD ...

“I just imagine that the chairs on cable television, for both the hosts and the guests, could be equipped with a kind of lie detector/electric-shock device where anyone who doesn’t tell the truth gets a jolt. And of course, the larger the lie, the greater the jolt. Can you imagine? Glenn Beck would be a cinder by now. A little briquette!”

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For dealer locations: STIHLdealers.com

"Number one selling brand" is based on syndicated Irwin Broh Research (commercial landscapers) as well as independent consumer research of 2009 U.S. sales and market share data for the gasoline-powered handheld outdoor power equipment category combined sales to consumers and commercial landscapers.

STIHL®

@Work

I can't say my friend was heartbroken when her clueless coworker was let go. But she was confused when she saw her at her desk the next day and the day after that.

It all made sense when the "ex" colleague was overheard saying, "So I guess in two weeks, I have to quit."

Joanna Thomas,
Colorado Springs, Colorado



A bar in our neighbor-

hood got lots of interesting traffic. Cars swerved into the parking lot, and the drivers would run inside only to reappear minutes later looking confused. One reason might have been the sign outside: "Free Beer, Topless Bartenders, and False Advertising."

Markie Reichert,
Philadelphia, Pennsylvania

Work Jerks

Meetingboy.com invites viewers to gripe about their jobs. Some of the best responses:

■ "No, I wasn't playing devil's advocate. I really think your idea is stupid."

My sister Angela was impressed by a job applicant's confidence. "How will you gain your coworkers' respect?" she asked. The reply: "Mainly through my misdemeanor."

"May I go through again? I'm trying to find something in my purse."

- "Getting an excellent performance review but then no raise is like being told you get dessert, then learning the dessert is celery."
- "Of course it wasn't convincing. That 60-slide PowerPoint presentation wasn't to convince people. It was to break their will."

■ "You had me at 'meeting canceled.'"

After a day of listening to my eighth graders exchange gossip,

ILLUSTRATED BY PAUL KALES

@ Work in the News

Hardest Application

A restaurant in China tested the skills of prospective chefs by having them slice a melon on a model's stomach. "I was nervous," the winner told a Changjiang, China, newspaper. "It was the first time I ever chopped something on a woman's belly."

Source: komonews.com

Worst Job Interview

A job applicant's polygraph test for the Washington State Patrol came to an abrupt end after officers discovered an interesting piece of literature on the front seat of his car. The title of the book: *How to Beat a Lie Detector Test*.

Best Job Marketing

An artist on Craigslist aimed this contest at potential employers: "Send me a week's worth of salary and benefits. I will keep and use it all. Whoever sends me the best salary package will win two days of graphic design work! Good luck!"

I decided to quote Mark Twain to them: "It is better to keep your mouth closed and let people think you are a fool than to open it and remove all doubt."

After considering my words, one of my students asked, "What does it mean to remove all doubt?"

Shannon Wilson, Royal Palm Beach, Florida

him as soon as you need to go to the bathroom, do you?

Client: That's disgusting! My bathroom habits are none of your business, and as soon as I use what you sent me, you will get paid!

From clientsfromhell.net

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Send us your funny stories, jokes, quotes, and news items to enter the \$25,000 sweepstakes. Plus, if we run your item in an edition of *Reader's Digest*, we'll pay you \$100.

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No purchase necessary to enter or win. Sweepstakes closes 2/17/12. Open to U.S. residents. Rates subject to change.

Important Safety Information About CIMZIA® (certolizumab pegol)

What is the most important information I should know about CIMZIA?

CIMZIA is a prescription medicine that affects your immune system. CIMZIA can lower the ability of the immune system to fight infections. Serious infections have happened in patients taking CIMZIA, including tuberculosis (TB) and infections caused by viruses, fungi, or bacteria that have spread throughout the body. Some patients have died from these infections. Your doctor should test you for TB before starting CIMZIA. Your doctor should monitor you closely for signs and symptoms of TB during your treatment with CIMZIA.

Certain Types of Cancer

There have been cases of unusual cancers in children and teenage patients using TNF-blocking agents. CIMZIA is not approved for use in pediatric patients. For people taking TNF-blocker medicines, including CIMZIA, the chances for getting lymphoma or other cancers may increase. People with RA, especially more serious RA, may have a higher chance for getting a kind of cancer called lymphoma.

Before starting CIMZIA, tell your doctor if you

- Think you have an infection. You should not start taking CIMZIA if you have any kind of infection, are being treated for an infection or have signs of an infection such as fever, cough or flu-like symptoms or if you get a lot of infections or have infections that keep coming back.
- Have any open cuts or sores
- Have diabetes or HIV
- Have TB, or have been in close contact with someone with TB
- Were born in, lived in, or traveled to countries where there is more risk of getting TB. Ask your doctor if you are not sure.
- Live or lived in certain parts of country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections (histoplasmosis, coccidioidomycosis, blastomycosis). These infections may develop or become severe if you take CIMZIA. If you do not know if you have lived in these types of areas, ask your doctor.
- Have or have had hepatitis B
- Have or have had any type of cancer
- Have congestive heart failure

CRD057-0310A2

- Have seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis
- Are scheduled to receive a vaccine. Do not receive a live vaccine while taking CIMZIA
- Are pregnant, planning to become pregnant, or breastfeeding. CIMZIA has not been studied in pregnant or nursing women.
- Especially tell your doctor if you take: Kineret® (anakinra), Orencia® (abatacept), Rituxan® (rituximab), Tysabri® (natalizumab), or another TNF blocker. You have a higher chance for serious infections when taking CIMZIA with these medicines. You should not take CIMZIA while you take one of these medicines.

After starting CIMZIA, if you get an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have open cuts or sores on your body, call your doctor right away. CIMZIA can make you more likely to get infections or make any infection that you may have worse.

What are the possible side effects of CIMZIA? CIMZIA can cause serious side effects including:

Heart Failure including new heart failure or worsening of heart failure you already have; **Nervous System Problems** such as Multiple Sclerosis, seizures, or inflammation of the nerves of the eyes; **Allergic Reactions**. Signs of an allergic reaction include a skin rash, swollen face, or trouble breathing; **Hepatitis B virus reactivation in patients who carry the virus in their blood**. In some cases, patients have died as a result of hepatitis B virus being reactivated. Your doctor should monitor you carefully during treatment with CIMZIA if you carry the hepatitis B virus in your blood; **Blood Problems**. Your body may not make enough of the blood cells that help fight infections or help stop bleeding; **Immune reactions including a lupus-like syndrome**. Symptoms include shortness of breath, joint pain, or a rash on the cheeks or arms that worsens with sun exposure.

Call your doctor right away if you develop any of the above side effects or symptoms.

The most common side effects of CIMZIA are: upper respiratory infections (flu, cold), rash, and urinary tract infections (bladder infections).

Other side effects have happened in some people including new psoriasis or worsening of psoriasis you already have and injection site reactions.

You are encouraged to report negative side effects to FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary on following pages.

For treatment of adults with moderate to severe Rheumatoid Arthritis

Cimzia. RA relief that can help you get a better grip on life.



Fast-acting Cimzia has been clinically proven vs. placebo to reduce RA pain, stiffness and fatigue in as little as 1-2 weeks for some patients. The majority experienced RA signs and symptoms improvement within 6 months which lasted through 1 year and prevented further joint damage. Your results may vary. Based on what you and your doctor decide, Cimzia can be injected every 2 or 4 weeks after initial dosing.

Ask your doctor about the benefits and risks of Cimzia.

Please read the Important Safety Information on the adjacent page.


cimzia
(certolizumab pegol)

Visit cimzia.com/RA
Call 1-877-793-6410

Getting a **better grip** on RA can start with this syringe.

Guided by input from adults with moderate to severe RA, the CIMZIA syringe was designed for ease and comfort in partnership with **OXO GOODGRIPS**

You may save up to \$500 on your CIMZIA prescription if you qualify. Go to cimzia.com/RA



cimzia
(certolizumab pegol)

Anaphylaxis or serious allergic reactions may occur. Hypersensitivity reactions have been reported rarely following CIMZIA administration.

Please see Brief Summary on following pages.

Consumer Brief Summary

CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION.

cimzia
(certolizumab pegol)

Read the Medication Guide that comes with CIMZIA before you start using it, and before each injection of CIMZIA. This brief summary does not take the place of talking with your doctor about your medical condition or treatment.

What is the most important information I should know about CIMZIA?

CIMZIA is a medicine that affects your immune system. CIMZIA can lower the ability of the immune system to fight infections. Serious infections have happened in patients taking CIMZIA. These infections include tuberculosis (TB) and infections caused by viruses, fungi or bacteria that have spread throughout the body. Some patients have died from these infections.

- Your doctor should test you for TB before starting CIMZIA.
- Your doctor should monitor you closely for signs and symptoms of TB during treatment with CIMZIA.

Before starting CIMZIA, tell your doctor if you:

- think you have an infection. You should not start taking CIMZIA if you have any kind of infection.
- are being treated for an infection.
- have signs of an infection, such as a fever, cough, flu-like symptoms
- have any open cuts or sores on your body
- get a lot of infections or have infections that keep coming back
- have diabetes
- have HIV
- have tuberculosis (TB), or have been in close contact with someone with TB
- were born in, lived in, or traveled to countries where there is more risk for getting TB. Ask your doctor if you are not sure.
- live or have lived in certain parts of the country (such as the Ohio and Mississippi River valleys) where there is an increased risk for getting certain kinds of fungal infections

(histoplasmosis, coccidioidomycosis, or blastomycosis). These infections may develop or become more severe if you take CIMZIA. If you do not know if you have lived in an area where histoplasmosis, coccidioidomycosis, or blastomycosis is common, ask your doctor.

- have or have had hepatitis B
- use the medicine Kineret® (anakinra), Orencia® (abatacept), Rituxan® (rituximab), or Tysabri® (natalizumab)

After starting CIMZIA, if you get an infection, any sign of an infection including a fever, cough, flu-like symptoms, or have open cuts or sores on your body, call your doctor right away. CIMZIA can make you more likely to get infections or make any infection that you may have worse.

Certain types of Cancer

- There have been cases of unusual cancers in children and teenage patients using TNF-blocking agents.
- For people taking TNF-blocker medicines, including CIMZIA, the chances of getting lymphoma or other cancers may increase.
- People with RA, especially more serious RA, may have a higher chance of getting a kind of cancer called lymphoma.

See the section "What are the possible side effects of CIMZIA?" for more information.

What is CIMZIA?

CIMZIA is a medicine called a Tumor Necrosis Factor (TNF) blocker. CIMZIA is used in adult patients to:

- Lessen the signs of symptoms of moderately to severely active Crohn's disease (CD) in adults who have not been helped enough by usual treatments.
- Treat moderately to severely active rheumatoid arthritis (RA).

It is not known whether CIMZIA is safe and effective in children.

What should I tell my doctor before starting treatment with CIMZIA?

CIMZIA may not be right for you. Before starting CIMZIA, tell your doctor about all of your medical conditions, including if you:

- **have an infection.** (See, "What is the most important information I should know about CIMZIA?")
- **have or have had any type of cancer.**
- **have congestive heart failure.**
- **have seizures, any numbness or tingling, or a disease that affects your nervous system such as multiple sclerosis.**
- **are scheduled to receive a vaccine.** Do not receive a live vaccine while taking CIMZIA.
- **are allergic to any of the ingredients in CIMZIA.** See the end of this Brief Summary for a list of the ingredients in CIMZIA.

Tell your doctor if you are pregnant, planning to become pregnant, or breastfeeding. CIMZIA has not been studied in pregnant or nursing women.

Tell your doctor about all the medicines you take including prescription and nonprescription medicines, vitamins and herbal supplements. Your doctor will tell you if it is okay to take your other medicines while taking CIMZIA. Especially, tell your doctor if you take:

- Kineret® (anakinra), Orencia® (abatacept), Rituxan® (rituximab), Tysabri® (natalizumab). You have a high chance for serious infections when taking CIMZIA with Kineret®, Orencia®, Rituxan®, or Tysabri®.
- A TNF blocker: Remicade® (infliximab), Humira® (adalimumab), Enbrel® (etanercept), Simponi® (golimumab).

You should not take CIMZIA, while you take one of these medicines.

How should I use CIMZIA?

- If your doctor prescribes the CIMZIA lyophilized pack for reconstitution, CIMZIA should be injected by a healthcare provider.

- If your doctor prescribes the CIMZIA prefilled syringe, see the section "Patient Instructions for Use" at the end of the Medication Guide for complete instructions for use. Do not give yourself an injection of CIMZIA unless you have been shown by your doctor or nurse.

- CIMZIA is given by an injection under the skin, into your abdomen or thigh area. Your doctor will tell you how much CIMZIA to inject and how often to inject CIMZIA, based on your condition to be treated. Do not use more CIMZIA or inject more often than prescribed.

What are the possible side effects of CIMZIA? CIMZIA can cause serious side effects including:

See "What is the most important information I should know about CIMZIA?"

- **Heart Failure** including new heart failure or worsening of heart failure you already have. Symptoms include shortness of breath, swelling of your ankles or feet, or sudden weight gain.
- **Nervous System Problems** such as multiple sclerosis, seizures, or inflammation of the nerves of the eyes. Symptoms include dizziness, numbness or tingling problems with your vision, and weakness in your arms or legs.
- **Allergic Reactions.** Signs of an allergic reaction include a skin rash, swelling of the face, tongue, lips, or throat, or trouble breathing.
- **Hepatitis B virus reactivation in patients who carry the virus in their blood.** In some cases patients have died as a result of hepatitis B virus being reactivated. Your doctor should monitor you carefully during treatment with CIMZIA if you carry the hepatitis B virus in your blood. Tell your doctor if you have any of the following symptoms:
 - feel unwell • tiredness (fatigue)
 - poor appetite • fever, skin rash, or joint pain
- **Blood Problems.** Your body may not make enough of the blood cells that help fight infections or help stop bleeding. Symptoms include a fever that doesn't go away, bruising or bleeding very easily, or looking very pale.

- **Immune reactions including a lupus-like syndrome.** Symptoms include shortness of breath, joint pain, or a rash on the cheeks or arms that worsens with sun exposure.

Call your doctor right away if you develop any of the above side effects or symptoms.

The most common side effects in people taking CIMZIA are:

- upper respiratory infections (flu, cold)
- rash
- urinary tract infections (bladder infections)

Other side effects with CIMZIA include:

- **Psoriasis.** Some people using CIMZIA had new psoriasis or worsening of psoriasis they already had. Tell your doctor if you develop red scaly patches or raised bumps that are filled with pus. Your doctor may decide to stop your treatment with CIMZIA.
- **Injection site reactions.** Redness, rash, swelling, itching or bruising can happen in some people. These symptoms will usually go away within a few days. If you have pain, redness, or swelling around the injection site that doesn't go away within a few days or gets worse, call your doctor right away.

Tell your doctor about any side effect that bothers you or does not go away.

These are not all of the side effects with CIMZIA.

Ask your doctor or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about CIMZIA

Medicines are sometimes prescribed for purposes that are not mentioned in Medication Guides. Do not use CIMZIA for a condition for which it was not prescribed. Do not give CIMZIA to other people, even if they have the same condition. It may harm them.

This brief summary summarizes the most important information about CIMZIA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about CIMZIA that is written for health professionals.

For more information go to www.CIMZIA.com or call 1-866-4CIMZIA (424-6942).

Always keep CIMZIA, injection supplies, puncture-proof container, and all other medicines out of the reach of children.

What are the ingredients in CIMZIA?

CIMZIA lyophilized powder: Active ingredient: certolizumab pegol. Inactive ingredients: sucrose, lactic acid, polysorbate. The pack contains Water for Injection, for reconstitution of the lyophilized powder.

CIMZIA prefilled syringe: Active ingredient: certolizumab pegol. Inactive ingredients: sodium acetate, sodium chloride, and Water for Injection. CIMZIA has no preservatives.

Product developed and manufactured for:
UCB, Inc., 1950 Lake Park Drive, Smyrna, GA 30080

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IPAD EXTRA To watch a video about Allison Winn, download the Reader's Digest magazine app from the iTunes store.

The Power of 1

IN PARTNERSHIP WITH AmericanTowns

Love on Four Legs

- Our hero: Allison Winn, ten
- Where she lives: Denver, Colorado
- How she helps: Gives dogs to kids with cancer

When Allison Winn was eight and her family adopted a dog named Coco, they had no idea how much the little bichon frise would change her life. "Coco helped me feel better," says Allison, who was recovering from 14 months of treatment for a brain tumor at the time. "She would cuddle with me when I didn't want to play." Allison loved Coco so much that she told her parents she wanted to help other sick kids find the same kind of comfort.

She started small, raising money by selling lemonade and homemade dog biscuits in front of her house. Her first customer was the mailman. By the end of that summer, she had raised nearly \$1,000, enough to adopt, train, and spay or neuter two dogs and give them to children with cancer. Now, a little more than two years later, corporate groups and civic organizations gather to make dog treats at a Denver kitchen for Allison's cause.

Her organization, the Stink Bug Project, named after a picture she drew commemorating the end of her chemotherapy, is run and managed in partnership with the Morgan Adams Foundation. Stink Bug helps families adopt pets from the Colorado Correctional Industries Prison Trained K9 Companion Program, where inmates teach commands to rescued dogs. To date, the program has raised \$33,000 and facilitated the adoption of ten >>

Know a local hero? Visit AmericanTowns to submit your nomination: americantowns.com/powerofone.

PHOTOGRAPHED BY TAMARA REYNOLDS

dogs, paying for the \$450 adoption fee plus a starter kit of a dog bed and crate, food, toys, a leash, and a collar, which gets embroidered with the pet's name and phone number. "We ask the kids their favorite color," Allison says, so she can coordinate ribbons for the dogs.

With the leftover funds, Allison's mother, Dianna Litvak, who helps run Stink Bug, hopes to extend the pet-adoption program statewide and continue donating some of the proceeds to help fund pediatric cancer research.

Her daughter is just as ambitious. "I wanted to do a million adoptions, but my mom made me lower it," says Allison. Still, she'd eventually like to get dogs to sick kids in other states.

"Allison has figured out how to help—in a way that no one else has," Litvak says proudly. "We

involve her younger sister, Emily, her friends, the adopting families, and the women at the prison. It took the love of a little girl to wrap all that together into one amazing package." *Natalie van der Meer*

Go to stinkbugproject.org to donate or to buy Allison's dog biscuits.

Helping Kids of War

- Our hero: **Richard Kitumba, 36**
- Where he lives: **Springfield, Oregon**
- How he helps: **Rescues orphans**

Growing up in the war-torn Democratic Republic of the Congo (DRC), Richard Kitumba often went to bed wondering if he would be alive in the morning. One night, "soldiers broke into my family's house, and we were forced at gunpoint to load all our possessions onto their trucks," he says. Kitumba and his family survived the experience—

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On January 18, *Reader's Digest* began a remarkable road trip across our beautiful country. Visiting 100 towns in 100 days, we are spotlighting the everyday heroes, special places, and creative companies that make America great. We have also committed more than \$5 million in

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with the bright ideas and inspiring people we find along the way. Have your own "Best of America" to share? Whether it's about the most dedicated volunteer in Versailles or the best pie in Pawtucket, we want to hear from you. E-mail us at BOA@readersdigest.com.

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and he relocated to the United States as a translator in 1998—but countless children were orphaned during the five-year war.

On trips back to his country, Kitumba was overwhelmed by the crippling poverty and instability there, and he became determined to help. In 2007, he founded City of Refuge International, a nonprofit organization that, mainly through individual donations, places DRC orphans in foster homes. By the end of 2010, the group had placed 95 orphans in foster homes in Kitumba's hometown of Kamina, covering

their clothing, medical, and education expenses (\$70 per month fully covers one child's needs).

"I felt compelled to help the children of the DRC because they are so vulnerable," says Kitumba, who lives in Springfield, Oregon, with his wife and young son. "The difference we make in the lives of these children is already having a ripple effect on the entire city. You never know—one of these children may end up being president some day."

Beth Dreher

Go to cityofrefugeinternational.org to donate to Kitumba's cause.

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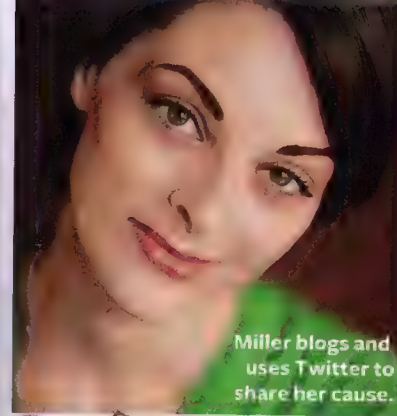
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COURTESY MICHAEL RAY



Miller blogs and
uses Twitter to
share her cause.

Change Agent

- Our hero: **Laura Miller, 33**
- Where she lives: **Pittsburgh, Pennsylvania**
- How she helps: **Makes strangers smile**

Laura Miller's first act of anonymous kindness was placing a single lavender hydrangea bloom on the windshield of a stranger's car in July 2009. Ever since, Miller has left a trail of small favors for unsuspecting residents of Pittsburgh. Nothing expensive, but delightful nonetheless: Starbucks gift certificates, uplifting messages, rolls of quarters, and other treats. "If I had the money, I would do it every single day," says Miller, who recently revealed her identity at a fund-raising party, helping to attract other well-wishers to the effort. She now counts more than 1,600 people across the world in her cause for kindness. "It sounds dramatic, but I wish for a world where we all take care of each other," says Miller.

Beth Dreher

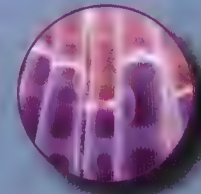
Go to secretagent1.com to read more about Laura's missions.

readersdigest.com 3/11

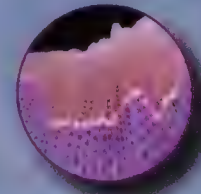
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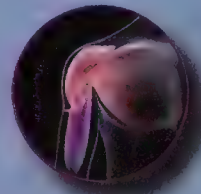
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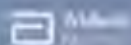
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What Brings a Nation Together?

Of four options—shared values, language, history, religion—it's shared values by a nose. In our latest poll, seven out of 16 countries (including the United States) chose values as the great national unifier; six claimed language as the defining feature. Both choices scored high across the board, suggesting that our values and how

we express them are intimately linked. Still, the past was not lost on some countries—

People who are joined by the same past understand things without explaining them.

*Olga Yakovleva, 35,
Moscow, Russia*

If everyone speaks the same language, people communicate better and form a tighter community.

*Ria Postma, 36,
Hillegom, Netherlands*

particularly Mexico and Russia. Shared history also scored high elsewhere in North America, with Canada and the United States choosing national histories as the second-most important factor uniting their people. The biggest surprise? Not one country picked religion as its top choice.

America is a melting-pot nation. Our similar values are what truly makes us American.

Rich DiSilvio, 53, New York, New York

IPAD EXTRA To see how different countries answered our question, download the *Reader's Digest* magazine app from the iTunes store.

Shared values won out in ...

Australia	61%
Canada	56
China	51
France	48
Philippines	43
South Africa	41
United States	39
India	32

Shared language was on top in ...

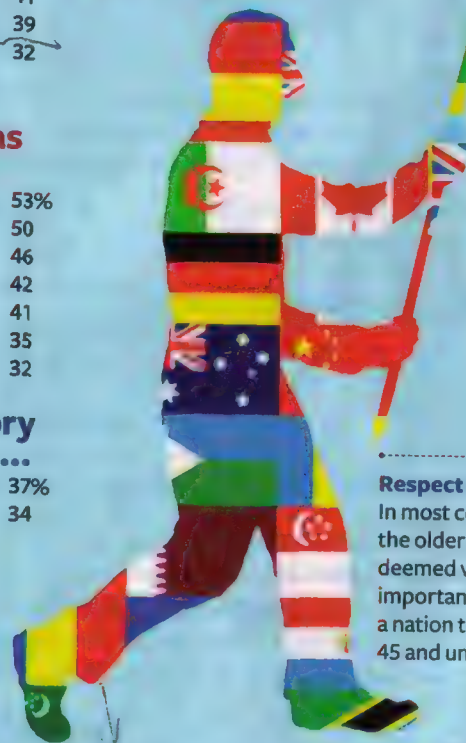
Brazil	53%
Malaysia	50
Germany	46
Netherlands	42
Spain	41
United Kingdom	35
India	32

Shared history was No. 1 in ...

Mexico	37%
Russia	34

Gender equality

Globally, men and women see eye to eye on the effect of similar values on national identity. The difference between the genders was only 10% or less in a majority of countries.



Respect your elders

In most countries, the older generation deemed values more important to defining a nation than did those 45 and under.

Parlez-vous Canadian?

Language scored lower in Canada than in all other countries polled, perhaps because the country proudly boasts two official languages, French and English.

Church and state

Most people polled do not connect their religious beliefs to their national pride. Religion ranked last in 13 countries—with France scoring it at 1%, the lowest of all.

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Ask Laskas

JEANNE MARIE LASKAS

► I have a son who wore only the color green all through high school (shirts, pants, socks, shoes—everything). I thought it was just a phase, but now he's in college and still does it. Is this okay? Is there something I should do?

Worried Mom

Dear Worried,
Is it a simple fashion statement, an eccentric quirk, or a serious compulsion? I'd say if you notice any extreme anxiety around his clothing choice, you'd want to suggest he seek counseling. Otherwise, scratch your head—as all parents must do when their kids do weird things—and wish him well.

► I am on the board of my neighborhood association and have become frustrated by the group's refusal to deal with a deteriorating clubhouse built over a lake. We've known about it for almost two years, yet it still sits there, sinking. I anonymously

Jeanne Marie Laskas is not a shrink, but she does have uncommon sense.



reported it to the city, and now the board is outraged and pointing fingers. Should I own up to it? It will damage many of my relationships, especially with the parents of my children's friends. About to Be Ostracized

Dear Ostra,
When in doubt, tell the truth. In this case, a little spin would help. Think of it this way: The sinking shack was a fire and safety hazard (the city has building codes for a reason), an invitation for vandals, and a lawsuit waiting to happen. Fess up with pride. Ask how anyone could take issue with your act of civic duty.

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Life's Little Etiquette Conundrums

► **Is it rude to stand in one line at the supermarket checkout and have a family member stand in another to see which line is faster, then switch at the last moment?**

As a general rule, if you have to ask "Is it rude to ...," it probably is. In this case, I'd say the question comes down to: "Do you want to be obnoxious?" Because, yeah, any kind of checkout-line strategy that involves multiple family members and multiple lines is ... obnoxious. In the interest of a happier, less stressed out society, I'm going to say pick a line, stick with it, and strike up a little conversation with the neighbors around you.

► **I often serve as a designated driver for my future brother-in-law, who describes himself as a "functional" alcoholic. If I don't drive him, he will drive himself—endangering everyone on the road. I can't afford a \$3,000 intervention. How can I stop enabling him but keep everyone safe?**

Unwilling Driver

Dear Unwilling, "Functional"? The guy has a problem with booze. I'm all for designating a driver when the partyer gets out of control—once or twice. But what you're describing is serious. You don't need to hire some fancy guru to do an intervention. Groups like A.A. and Al-Anon cost nothing. Get the family together, and call

your pastor, the local mental health department, or a rehab center in your area. Help is available!

► **My father-in-law suffers from Parkinson's and has been living with us since his wife died, 14 months ago. My wife's two siblings have yet to step up and share the responsibility—not even taking him to dinner or having him to their house for a day to give us a break. I've urged my wife to be more vocal and assertive in getting their help, but she doesn't want an argument. To me, her silence lets them think everything is okay. I want to respect my wife, but I feel we have to make this right.**

Sandwiched

Dear Sandwiched, You are 100 percent correct. The long-term care of a seriously ill relative, regardless of the loving intentions of the caretaker, is an exhausting and often demoralizing task. You and your wife are in an endurance race with time: If your father-in-law lives a long time, his needs will rapidly become even more challenging, and if the sibs don't help—and by that I mean doing a lot more than just occasionally taking him out to dinner—the relationships in the family will be ruined forever. Keep urging your wife to ask for their help. And if she's too tired to see straight, it's up to you.

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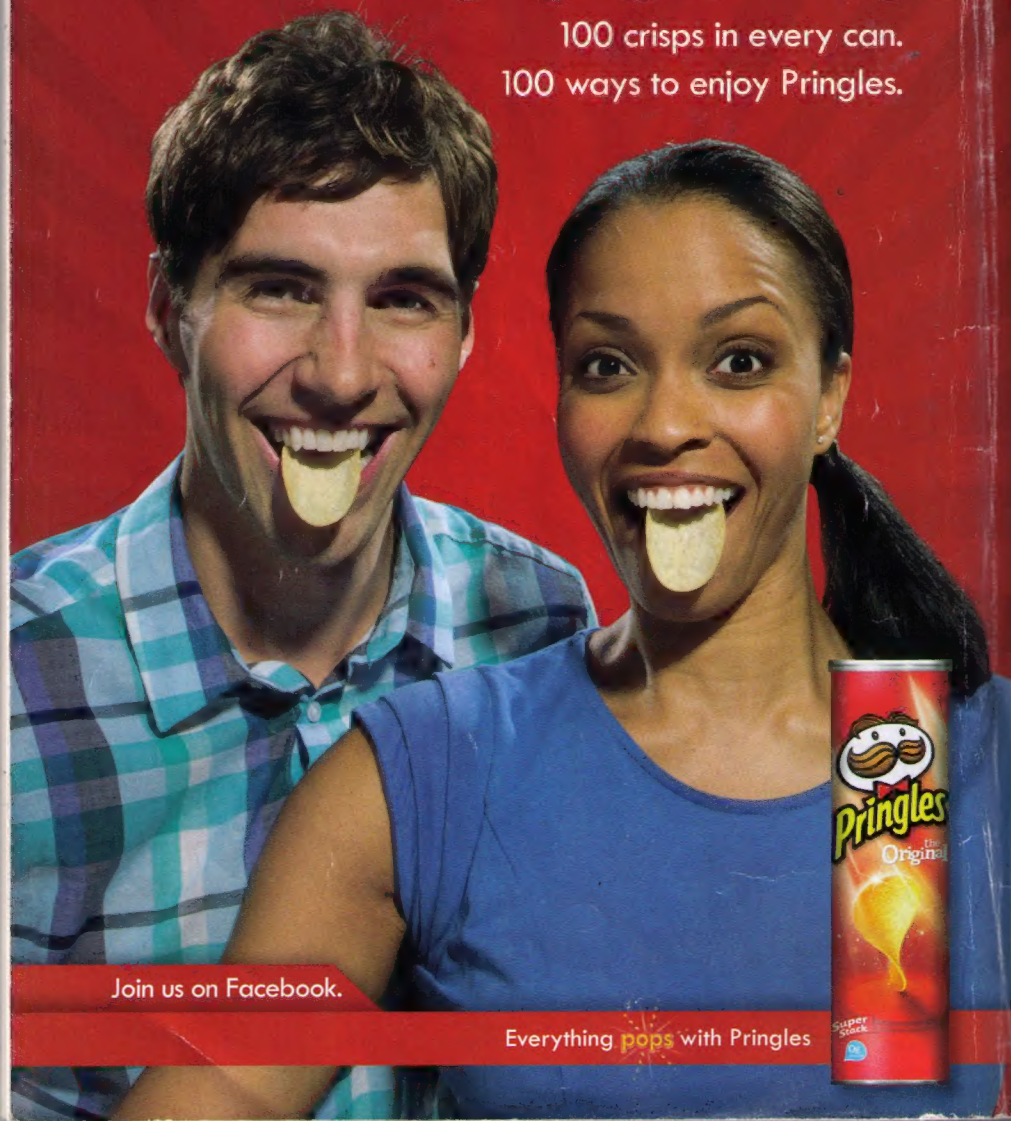
Plans feature coverage for doctor visits, hospital stays and coverage not part of Original Medicare.

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